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STATE OF NEW YORK

State Commission in Lunacy

NINETEENTH ANNUAL REPORT

October 1, 1906, to September 30, 1907

ALBERT WARREN FERRIS, M. D.	}	<i>Commissioners</i>
SHELDON T. VIELE		
WILLIAM L. PARKHURST		
T. E. McGARR, <i>Secretary</i>		

TRANSMITTED TO THE LEGISLATURE JANUARY 31, 1908

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STATE OF NEW YORK

No. 24.

IN ASSEMBLY,

JANUARY 31, 1908.

STATE COMMISSION IN LUNACY

NINETEENTH ANNUAL REPORT.

STATE OF NEW YORK

STATE COMMISSION IN LUNACY

ALBANY, *January 31, 1908.*

To the Speaker of the Assembly:

By direction of the Commission I have the honor to transmit herewith the annual report of the State Commission in Lunacy for the year beginning October 1, 1906, and ending September 30, 1907.

T. E. MCGARR

Secretary

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NINETEENTH ANNUAL REPORT

ALBANY, *January 31, 1908*

To the Legislature:

In compliance with section 9 of chapter 545 of the Laws of 1896, constituting chapter 28 of the general laws, which requires that "the Commission shall annually report to the Legislature its acts and proceedings for the year ending September thirtieth last preceding, with such facts in regard to the management of the institutions for the insane as it may deem necessary for the information of the Legislature, including estimates of the amounts required for the use of the State hospitals and the reasons therefor, and also the annual reports made to the Commission by the Superintendent of each State hospital and by the State Charities Aid Association," the State Commission in Lunacy herewith presents its nineteenth annual report, covering the fiscal year beginning October 1, 1906, and ending September 30, 1907.

Dr. Charles W. Pilgrim resigned as president of the Commission May 15, 1907, and was succeeded by Dr. Albert Warren Ferris, of New York city, September 23, 1907.

ALBERT WARREN FERRIS, M. D.	} <i>Commissioners</i>
SHELDON T. VIELE	
WILLIAM L. PARKHURST	

REPORT

GENERAL OPERATIONS

The whole number of committed insane in the public and private hospitals of the State on September 30, 1907, was 29,093, divided as follows: Men, 13,927; women, 15,166. The whole number of insane in the State hospitals, including the inmates of the Matteawan and Dannemora hospitals for insane criminals (1,014), on September 30, 1907, was 28,116. The whole number of insane in licensed private institutions was 977. The net increase for the year in all institutions was 791; in the State hospitals, including the criminal asylums, 799; exclusive of the latter institutions, 745. In the licensed private institutions a decrease of nine for the year was reported.

RECEIPTS AND DISBURSEMENTS

Receipts

The receipts from all sources for the support of the State hospital system, the State Commission in Lunacy, State Board of Alienists and the Pathological Institute for the fiscal year ending September 30, 1907, were:

1 Receipts from State treasury for maintenance of hospitals (annual appropriation bill) . . .	\$4,665,000 00
2 Receipts from State treasury for maintenance, reappropriation of unexpended balances (chapter 578, Laws 1907, supply bill) . . .	140,268 27
3 Receipts from State treasury for new buildings and improvements of State hospitals, exclusive of reappropriations of 1904 appropriations (\$575,486.69), for same purpose	722,264 00
4 To reimburse superintendents of St. Lawrence and Middletown State hospitals for bond premiums	378 50

Financial statement

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statement

5	To reimburse hospital stewards for bond premiums	\$170 00
6	Receipts from State treasury for maintenance of State Commission in Lunacy, State board of alienists and Pathological Institute, including balances from 1906 (\$12,811.80)	127,931 80
7	Receipts from State treasury for proposed hospital in southeastern part of State	1,000 00
Total receipts		<u>\$5,644,200 77</u>

Disbursements

The expenditures for the same period were:

1	Cost of maintenance, including officers' salaries, employees' wages, clothing, food, ordinary repairs and all incidental expenses comprising "fixed charges" of the hospitals (\$183.83 per capita)	\$4,893,266 29
2	Expenditures on account of new buildings to be occupied by patients and employees	556,962 17
3	Expenditures for new buildings other than those occupied by patients and employees	68,867 16
4	Expenditures for extraordinary repairs, renewals and improvements and furniture, not included in fixed charges or maintenance	292,164 99
5	Expenditures for maintenance of the Commission, medical inspector, the Pathological Institute, board of alienists, deportation of aliens and non-residents, salaries and expenses of special agents, etc	115,670 76
6	Expenditures for purchase of site for proposed hospital in northern New York and services of experts	600 00
Total expenditures		<u>*\$5,927,531 37</u>

*Includes balance of previous appropriations for extraordinary improvements.

FINANCIAL STATEMENTS

Financial
statement

In the succeeding pages the Commission submits detailed statements of the disbursements of the year comprising the report of the newly-created central treasurer, a per capita statement of all institutions treating them as a unit but classifying the different disbursements, and showing the per capita cost of the different items of supply; and finally a comparative statement showing gross and per capita cost of the different subdivisions of maintenance, including salaries of officers, wages of employees, supplies, etc., in each institution under the Commission's control.

**DETAILED REPORT OF THE TREASURER STATE HOSPITALS,
OCTOBER 1, 1906, TO SEPTEMBER 30, 1907**

Receipts

Balance on hand, October 1, 1906, including manufacturing funds	\$84,993 66
From State treasury for maintenance	4,834,142 37
From reimbursing and private patients	299,905 04
From interest hospital accounts (local banks)	513 05
From interest treasurer State hospitals account, ...	2,791 53
From stewards' sales	14,138 67
From attorneys—costs in committee proceedings, ...	2,072 02
From Long Island State Hospital ticket fund	1,200 00
From ferry receipts (Manhattan State Hospital), ...	3,550 00
From Ovid bank dividend (Willard State Hospital)	116 64
From sales of uniform materials	2,799 19
From refunds for overpayments and unclaimed wages	771 58
From State treasury for extraordinary improvements, new buildings, etc.	920,882 08
From refund on special fund account (Kings Park State Hospital)	1 06
From manufacturing departments (receipts)	123,000 28
Total receipts	<u>\$6,290,877 17</u>

Financial
statement*Disbursements*

For maintenance	\$4,893,266 29
For manufacturing (on maintenance account)..	7,892 77
For uniform materials (hospitals reimbursed)..	2,967 27
For new buildings — extraordinary repairs, re- newals and improvements and furniture, not included in fixed charges and maintenance..	920,883 14
For manufacturing (from manufacturing funds)	119,294 58
Remitted State treasurer, chap. 580, Laws 1899,	324,286 95
Remitted State treasurer, chap. 561, Laws 1907,	22,216 29
Total disbursements	\$6,290,807 29
Balance, September 30, 1907.....	\$69 88

SPECIAL ACCOUNTS

Receipts

From former treasurer, Middletown State Hos- pital, special fund balance, October 1, 1906, held to protect lien.....	\$2,403 59
From former treasurer of Rochester State Hos- pital, special fund balance, October 1, 1906, held to protect lien.....	695 57

Disbursements

For final payment on vouchers 11 and 34a, chap. 540, Laws of 1903.....	\$2,403 59
---	------------------

Unexpended Balances, October 1, 1907

Chapter 683, Laws 1906, officers' salaries.....	\$4,853 38
Chapter 683, Laws 1906, employees' wages....	40,217 08
Chapter 407, Laws 1906.....	202,152 95
Chapter 686, Laws 1906.....	506,522 05
Chapter 155, Laws 1907.....	90,000 00
Chapter 564, Laws 1907.....	603,746 00
Chapter 578, Laws 1907.....	179,121 28
Total	\$1,626,612 74

Maintenance appropriations for year beginning October 1, 1907, ^{Financial statement}
as follows:

Utica	\$235,000 00
Willard	400,000 00
Hudson River	470,000 00
Middletown	330,000 00
Buffalo	330,000 00
Binghamton	370,000 00
St. Lawrence	320,000 00
Rochester	240,000 00
Kings Park	505,000 00
Long Island	140,000 00
Gowanda	160,000 00
Manhattan	605,000 00
Central Islip	550,000 00
Total	\$4,655,000 00

CARROLL F. SMITH

Treasurer State Hospitals

TRUST FUNDS

Trust estate held by the State Commission in Lunacy, under the provisions of the Insanity Law, section 6a, paragraph 2, as amended by chapter 462, Laws of 1907.

In trust for Bertha Fahr, under the will of Charles Fahr (husband), principal, \$4,488.47.

Deposited in Fidelity Trust Company, Buffalo, N. Y.

July 27, 1907, interest $3\frac{1}{2}$ per cent from July 1st, payable quarterly.

(First quarterly payment made October 15, 1907, \$39.27, and interest rate, 4 per cent, from October 1, 1907.)

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS

Statement showing yearly, weekly and daily per capita cost for fixed charges or maintenance of State hospitals for the year beginning October 1, 1906, and ending September 30, 1907

Daily average number of patients, 26,618. Yearly per capita, \$183.83.

CLASSIFICATION	Total expenditures	Yearly per capita	Monthly per capita	Weekly per capita	Daily per capita
1 Officers' salaries	\$265,991 74	\$9.99	\$0.833	\$0.1921	\$0.0274
2 Employees' wages:					
Administration department	\$110,290 01	\$4.14	\$0.345	\$0.0796	\$0.0113
Financial department	53,021 40	1.99	.166	.0383	.0053
Ward service	951,390 63	35.74	2.978	.6873	.0979
Domestic service	36,073 69	1.36	.113	.0262	.0037
Kitchen service	101,683 79	3.82	.318	.0735	.0105
Bakery service	17,447 17	.66	.055	.0127	.0018
Meat cutters	11,792 07	.44	.037	.0085	.0012
Laundry service	50,963 50	1.92	.16	.0369	.0053
Engineers' department	182,120 29	6.84	.57	.1315	.0187
Building department	89,207 07	3.35	.279	.0644	.0092
Industrial department	50,805 64	.91	.16	.0367	.0052
Farm and grounds department	81,241 82	3.05	.254	.0587	.0084
Railway department	1,807 50	.07	.005	.0013	.0002
New York City office, Manhattan State Hospital and steamboat department and purchasing steward	20,478 81	.77	.064	.0148	.0021
	1,758,323 39	\$66.06	\$5.505	\$1.2704	\$0.181
3 Provisions and stores:					
Farinaceous foods	\$183,803 88	\$6.91	\$0.576	\$0.1329	\$0.0189
Yeast	4,633 16	.17	.014	.0033	.0005
Fresh meats	341,156 19	12.82	1.068	.2465	.0351
Poultry	11,560 87	.44	.037	.0085	.0012

Salt and smoked meats.....					
Fresh fish.....	50,169 74	1 89	.157	.0363	.0052
Salt fish.....	46,103 85	1 73	.144	.0333	.0048
Fresh vegetables.....	20,631 69	1 78	.065	.015	.0022
Canned vegetables.....	51,729 76	1 94	.162	.0373	.0053
Fresh fruits.....	8,604 09	.32	.027	.0062	.0009
Dried fruits.....	13,540 96	.51	.042	.0098	.0014
Preserves and jellies.....	22,448 38	.84	.07	.0161	.0023
Dairy produce.....	2,232 80	.08	.007	.0015	.0002
Wet groceries.....	552,718 69	20 76	1 73	.3992	.0568
Dry groceries.....	21,642 05	.81	.068	.0156	.0022
Condiments.....	119,737 01	4 50	.375	.0865	.0123
	1,635 85	.06	.005	.0012	.0002
Total food supplies.....	\$1,452,349 07	\$54 56	\$4,547	\$1,0492	\$0,1495
Water and ice.....					
Laundry supplies.....	\$19,387 61	\$0 73	\$0,061	\$0,014	\$0,002
Crockery and glassware.....	20,777 19	.78	.065	.015	.0021
Tin and ironware.....	11,310 55	.42	.035	.0081	.0011
Cutlery and plated ware.....	9,397 80	.35	.029	.0067	.001
Woodenware.....	1,513 38	.06	.005	.0012	.0002
Household supplies.....	1,483 79	.06	.005	.0012	.0002
Toilet articles.....	34,272 26	1 29	.107	.0248	.0035
	7,709 50	.29	.024	.0056	.0008
Commutation.....	68,604 73	2 58	.215	.0496	.0071
		\$61 12	\$5,093	\$1,1754	\$0,1675
4 Ordinary repairs:					
Engineers' department.....	\$53,105 62	\$1 99	\$0,166	\$0,0383	\$0,0055
Carpenters' department.....	21,235 73	.80	.067	.0154	.0022
Painting department.....	28,246 97	1 06	.088	.0204	.0029
Masons' department.....	9,279 46	.35	.029	.0067	.001
Electrical department.....	7,085 36	.27	.023	.0052	.0007
Tinsmiths' department.....	5,858 94	.22	.018	.0042	.0006
Railway department.....	4,259 27	.16	.013	.0031	.0004
		\$4 85	\$0,404	\$0,0933	\$0,0133
5 Farm and grounds:					
Farm feed.....	\$48,237 80	\$1 81	\$0,151	\$0,0348	\$0,005
Wagons, sleighs and harness.....	8,591 12	.32	.027	.0062	.0009
Farm and garden implements.....	2,976 47	.11	.009	.0021	.0003
Lawns, roads and grounds.....	3,171 41	.19	.016	.0037	.0005
Farm supplies.....	19,331 90	.73	.061	.014	.002
Horticultural supplies.....	2,158 80	.08	.007	.0015	.0002

Financial statement

Financial
statement

COST OF MAINTENANCE OR FIXED CHARGES OF THE STATE HOSPITALS--(Concluded)

CLASSIFICATION	Total expenditures	Yearly per capita	Monthly per capita	Weekly per capita	Daily per capita
Stable maintenance.....	\$6,605 55	\$0.25	\$0.021	\$0.0048	\$0.0006
Live stock.....	6,837 08	.26	.021	.005	.0007
Rentals.....	1,495 00	.06	.005	.0012	.0002
		\$3.81	\$0.318	\$0.0733	\$0.0104
	\$101,405 13				
6 Clothing.....	\$178,944 20	\$6.72	\$0.56	\$0.1292	\$0.0184
7 Furniture and bedding:					
Furniture.....	\$41,242 32	\$1.55	\$0.13	\$0.0298	\$0.0042
Bedding.....	69,794 29	2.62	.218	.0504	.0072
Window furniture.....	4,144 80	.15	.012	.0029	.0004
Table linen.....	15,616 18	.59	.049	.0113	.0016
		\$4.91	\$0.409	\$0.0944	\$0.0134
	130,797 59				
8 Books and stationery:					
Stationery supplies.....	\$27,206 84	\$1.02	\$0.085	\$0.0196	\$0.0028
Books and periodicals.....	2,962 69	.11	.009	.0021	.0003
		\$1.13	\$0.094	\$0.0217	\$0.0031
9 Fuel and light.....	\$456,294 55	\$17.14	\$1.428	\$0.3296	\$0.047
10 Medical supplies:					
Medicines.....	\$8,487 90	\$0.32	\$0.027	\$0.0062	\$0.0009
Medical and surgical supplies.....	20,037 34	.75	.063	.0144	.0020
Laboratory supplies.....	2,581 62	.10	.008	.0019	.0003
		\$1.17	\$0.098	\$0.0225	\$0.0032
	31,106 86				
11 Miscellaneous:					
Traveling expenses.....	\$9,070 01	\$0.34	\$0.028	\$0.0065	\$0.0009
Entertainment of patients.....	35,423 51	1.33	.111	.0256	.0036
Supply transportation.....	21,117 83	.80	.067	.0154	.0022

Financial
statement

STATE OF NEW YORK — STATE HOSPITALS

Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907

CLASSIFICATION	Utica	Willard	Hudson River	Middle- town	Buffalo	Bingham- ton	St. Lawrence
Average population.....	1,204	2,293	2,329	1,313	1,775	1,579	1,845
ESTIMATE 1							
1. Officers' salaries:							
Per capita.....	\$12 60	\$9 37	\$7 75	\$13 29	\$11 46	\$11 33	\$10 49
Total.....	15,171 84	21,478 96	18,038 94	17,444 76	20,348 49	17,893 44	19,360 42
ESTIMATE 2							
2. Employees wages:							
Administration department:							
Per capita.....	\$79 24	\$74 48	\$74 07	\$70 55	\$67 65	\$73 46	\$68 82
Total.....	3 69	3 86	3 99	4 24	5 13	4 35	2 74
Financial department:							
Per capita.....	4,439 84	8,840 35	9,303 62	5,563 14	9,102 71	6,866 10	5,060 37
Total.....	1 73	1 94	1 97	4 12	1 76	2 45	2 29
Ward service:							
Per capita.....	2,078 00	4,454 90	4,579 34	5,411 10	3,128 50	3,878 25	4,224 55
Total.....	41 42	38 12	39 64	35 19	37 81	40 32	38 69
Domestic service:							
Per capita.....	49,875 43	87,407 06	92,331 46	46,206 01	67,118 90	63,673 30	71,383 86
Total.....	1 41	2 22	1 82	1 87	1 45	1 96	2 37
Kitchen service:							
Per capita.....	1,687 70	5,095 32	4,237 55	2,453 38	2,567 14	3,068 94	4,366 16
Total.....	4 42	5 54	4 28	5 91	4 74	4 30	4 71
Bakery service:							
Per capita.....	5,323 30	12,694 19	9,965 22	7,764 75	8,414 67	6,797 33	8,687 37
Total.....	1 06	66	69	1 02	72	82	84
Meat cutters:							
Per capita.....	1,275 00	1,518 41	1,614 00	1,334 58	1,275 00	1,299 00	1,550 66
Total.....	99	54	32	46	31	38	55
Laundry service:							
Per capita.....	1,200 00	1,248 00	750 00	600 00	546 67	600 00	1,018 00
Total.....	2 25	2 20	1 82	2 42	1 71	2 20	1 79
Engineers' department:							
Per capita.....	2,714 41	5,044 45	4,236 95	3,181 96	3,040 36	3,476 47	3,297 64
Total.....	7 99	8 05	7 98	6 82	6 95	6 58	5 23
	9,629 17	18,450 66	18,579 74	8,961 05	12,345 00	10,386 46	9,653 99

Building department:							
Per capita.....	5 23	4 02	4 04	3 20	2 80	3 97	3 17
Total.....	6,292 35	9,236 15	9,400 62	4,208 04	4,976 63	6,273 73	5,842 85
Industrial department :							
Per capita.....	4 19	2 14	2 84	1 05	2 71	1 54	2 75
Total.....	5,044 63	4,898 24	6,606 86	1,372 71	4,793 16	2,432 02	5,068 42
Farm and grounds department:							
Per capita.....	4 86	4 40	4 68	4 25	1 56	4 59	3 69
Total.....	5,850 16	10,083 28	10,900 60	5,579 55	2,764 68	7,247 36	6,810 00
Railway department:							
Per capita.....	.....	.....79	.....	.....	.....	.....	.....
Total.....	.....	1,807 50	.....	.....	.....	.....	.....
New York City office, Manhattan State Hospital and steamboat department and purchasing steward:							
Per capita.....	.....	.....	.....	.....	.....	.....	.....
Total.....	.....	.....	.....	.....	.....	.....	.....
Total Estimate 2.....							
	\$95,409 99	\$170,778 51	\$172,505 96	\$92,636 27	\$120,073 42	\$115,998 96	\$126,963 87
ESTIMATE 3							
3. Provisions and stores:							
Provisions and stores:							
Per capita.....	\$58 14	\$51 19	\$66 92	\$65 34	\$66 15	\$57 94	\$51 67
Farmaceous foods:							
Per capita.....	7 21	6 27	7 26	6 80	6 55	7 25	7 35
Total.....	8,677 86	14,370 00	16,916 63	8,930 89	11,633 04	11,456 29	13,569 49
Yeast:							
Per capita.....	22	09	17	22	18	25	21
Total.....	265 63	197 04	397 87	282 07	320 21	387 60	394 48
Fresh meats:							
Per capita.....	14 00	15 00	13 58	10 36	11 35	11 14	13 80
Total.....	16,855 04	34,397 99	31,655 89	13,603 96	20,148 06	17,595 31	25,459 25
Poultry:							
Per capita.....	40	37	61	52	52	47	44
Total.....	481 55	854 21	1,413 81	686 15	930 32	739 77	804 34
Salt and smoked meats:							
Per capita.....	1 20	1 13	2 33	2 87	3 65	1 67	33
Total.....	1,442 96	2,593 67	5,413 40	3,767 87	6,483 02	2,636 36	610 57
Fresh fish:							
Per capita.....	91	67	2 13	2 12	1 51	1 97	1 12
Total.....	1,095 66	1,525 00	4,959 98	2,788 59	2,682 33	3,118 50	2,061 34
Salt fish:							
Per capita.....	1 00	90	66	1 38	1 14	80	44
Total.....	1,207 65	2,054 95	1,537 08	1,805 52	2,025 21	1,267 56	815 67
Fresh vegetables:							
Per capita.....	1 71	1 05	2 45	1 88	3 35	72	52
Total.....	2,058 87	2,410 82	5,706 47	2,467 25	5,954 06	1,135 55	953 86
Canned vegetables:							
Per capita.....	47	.....	38	21	43	39	20
Total.....	566 77	.....	876 00	273 75	763 10	613 00	377 30
							Financial statement

Financial statement

Financial
statement*Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907 --- Continued*

CLASSIFICATION	Utica	Willard	Hudson River	Middle- town	Buffalo	Bingham- ton	St. Lawrence
Fresh fruits:							
Per capita.....	\$0 19	\$0 02	\$0 23	\$0 83	\$1 18	\$0 72	\$0 35
Total.....	232 66	41 25	547 07	1,095 50	2,087 55	1,128 75	639 70
Dried fruits:							
Per capita.....	80	31	1 09	44	1 02	96	1 27
Total.....	963 16	713 82	2,543 43	579 02	1,799 92	1,518 81	2,343 94
Preserves and jellies:							
Per capita.....	11	.....	08	.....	23	.....	16
Total.....	131 64	.....	192 04	.....	404 25	.....	297 00
Dairy produce:							
Per capita.....	12 71	14 99	22 70	24 56	20 81	19 81	13 18
Total.....	15,307 54	34,380 17	52,866 59	32,250 10	36,943 66	31,282 88	24,314 43
Wet groceries:							
Per capita.....	92	37	82	1 07	1 06	1 15	1 15
Total.....	1,104 55	860 20	1,907 93	1,404 03	1,877 17	1,821 06	2,113 53
Dry groceries:							
Per capita.....	4 46	4 68	4 58	4 28	4 59	4 73	4 68
Total.....	5,374 51	10,724 96	10,675 76	5,618 70	8,144 35	7,461 52	8,642 33
Condiments:							
Per capita.....	08	05	05	05	07	09	08
Total.....	90 46	119 99	111 28	66 63	123 72	141 48	144 92
Total food supplies:							
Per capita.....	\$46 39	\$45 90	\$59 12	\$57 59	57 64	\$52 12	\$45 28
Total.....	55,856 51	105,244 07	137,701 23	75,620 03	102,319 97	82,304 44	83,542 15
Water and ice:							
Per capita.....	30	05	87	1 39	86	04	1 63
Total.....	361 52	123 77	2,019 78	1,830 22	1,529 80	64 49	3,000 00
Laundry supplies:							
Per capita.....	1 06	35	33	68	46	1 01	28
Totals.....	1,274 43	809 35	762 79	886 97	820 49	1,601 65	519 38
Crockery and glassware:							
Per capita.....	36	29	56	43	30	34	32
Total.....	438 46	673 11	1,297 09	560 83	524 00	527 73	589 87
Tin and ironware:							
Per capita.....	38	26	34	58	18	42	15
Total.....	449 97	583 52	801 32	760 47	322 68	666 77	290 00

Cutlery and plated ware:

Per capita.....	06	07	03		09	04	03
Total.....	70 15	156 05	64 84	52 23	152 88	64 19	56 25
Woodenware:							
Per capita.....	04	03	07	10	07	12	06
Total.....	44 01	62 29	174 44	134 05	121 52	182 77	109 23
Household supplies:							
Per capita.....	1 67	1 21	1 60	98	1 42	1 96	1 17
Total.....	2,009 07	2,776 40	3,719 61	1,282 71	2,523 02	3,089 98	2,154 41
Toilet articles:							
Per capita.....	30	37	26	22	27	23	27
Total.....	363 89	856 33	616 54	292 07	473 94	360 07	494 32
Commutation:							
Per capita.....	7 58	2 66	3 74	3 33	4 86	1 66	2 48
Total.....	9,135 41	6,097 90	8,701 20	4,371 30	8,622 52	2,620 40	4,572 00
Total Estimate 3.....	\$70,003 42	\$117,382 79	\$155,858 84	\$85,790 88	\$117,410 82	\$91,482 49	\$95,327 61

ESTIMATE 4

4. Ordinary repairs:

Per capita.....	\$3 41	\$3 37	\$5 30	\$3 60	\$5 18	\$4 84	\$5 98
Engineers' department:							
Per capita.....	1 34	1 03	2 15	1 95	2 78	1 82	2 94
Total.....	1,612 05	2,365 50	4,997 24	2,556 54	4,935 93	2,875 75	5,431 34
Carpenters' department:							
Per capita.....	50	46	1 07	34	89	84	1 36
Total.....	602 50	1,053 61	2,481 49	451 45	1,578 35	1,320 51	2,499 14
Painting department:							
Per capita.....	1 15	91	1 36	55	1 04	1 18	80
Total.....	1,383 99	2,079 82	3,180 68	717 48	1,843 02	1,859 34	1,474 04
Masons' department:							
Per capita.....	67	06	23	06	11	35	33
Total.....	81 86	144 88	525 58	86 97	198 30	552 00	604 44
Electrical department:							
Per capita.....	23	09	34	12	22	56	37
Total.....	275 80	203 44	790 38	152 61	384 38	889 92	688 67
Tinsmiths' department:							
Per capita.....	12	11	15	58	14	09	18
Total.....	149 92	243 26	358 14	764 52	256 18	143 37	332 95
Railway department:							
Per capita.....	.....	71	.....	.....	.....	.....	.....
Total.....	.....	1,636 87	.....	.....	.....	.....	.....
Total Estimate 4.....	\$4,106 12	\$7,727 38	\$12,333 51	\$4,729 57	\$9,196 16	\$7,640 89	\$11,030 58

Financial
statement

Financial
statement*Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907 — Continued*

CLASSIFICATION	Utica	Willard	Hudson River	Middle- town	Buffalo	Bingham- ton	St. Lawrence
ESTIMATE 5							
5. Farm and grounds:							
Farm feed:	\$6 57	\$4 42	\$4 96	\$4 47	\$0 97	\$5 55	\$5 27
Per capita.....	3 51	2 27	2 06	2 61	35	2 52	2 45
Total.....	4,226 43	5,197 55	4,793 15	3,430 46	618 34	3,972 54	4,521 78
Wagons, sleighs and harness:							
Per capita.....	45	24	43	19	07	45	23
Total.....	537 26	564 99	1,001 36	250 12	126 70	705 17	432 61
Farm and garden implements:							
Per capita.....	23	14	11	15	05	20	13
Total.....	277 48	314 41	250 03	193 10	92 69	315 06	239 76
Lawns, roads and grounds:							
Per capita.....	10	16	27	02	07	25	44
Total.....	118 14	379 50	639 75	24 14	127 08	392 55	805 52
Farm supplies:							
Per capita.....	1 37	76	92	1 03	08	1 09	1 40
Total.....	1,650 38	1,734 47	2,145 62	1,348 53	139 25	1,720 40	2,594 34
Horticultural supplies:							
Per capita.....	06	06	08	13	09	16	04
Total.....	73 46	143 87	189 69	174 32	162 76	257 12	67 23
Stable maintenance:							
Per capita.....	68	23	48	34	15	12	42
Total.....	815 91	522 88	1,126 99	443 34	254 15	194 16	767 35
Live stock.....							
Per capita.....	01	51	35	.....	11	63	.....
Total.....	15 00	1,159 50	808 50	.....	200 00	1,000 00	.....
Rentals:							
Per capita.....	16	05	26	.....	.....	13	16
Total.....	200 00	120 00	600 00	.....	.....	200 00	300 00
Total Estimate 5.....	\$7,914 06	\$10,137 17	\$11,555 09	\$5,864 01	\$1,721 57	\$8,757 60	\$9,728 59
ESTIMATE 6							
6. Clothing:							
Per capita.....	\$4 54	\$7 64	\$6 37	\$3 82	\$6 12	\$6 07	\$6 41
Total Estimate 6.....	\$5,460 28	\$17,527 48	\$14,839 22	\$5,008 75	\$10,871 11	\$9,586 27	\$11,834 69

ESTIMATE 7									
7. Furniture and bedding:									
Furniture:									
Per capita.....	\$4 68	\$5 66	\$5 76	\$5 08	\$6 38	\$3 65	\$5 53		
Total.....	1 06	2 05	2 12	1 30	1 61	1 21	2 02		
Bedding:									
Per capita.....	1,271 23	4,708 43	4,944 90	1,710 19	2,839 55	1,917 45	3,729 95		
Total.....	3 04	3 01	2 95	3 36	3 39	2 01	2 83		
Window furniture:									
Per capita.....	3,656 27	6,897 45	6,862 08	4,415 32	6,023 87	3,171 75	5,220 81		
Total.....	05	17	13	12	41	10	18		
Table linen:									
Per capita.....	62 66	376 62	297 68	154 20	732 94	156 48	324 99		
Total.....	53	43	56	30	97	33	50		
Per capita.....	638 11	987 13	1,305 71	389 72	1,728 69	519 01	918 34		
Total Estimate 7.....	\$5,628 27	\$12,969 63	\$13,410 37	\$6,669 43	\$11,325 05	\$5,764 69	\$10,194 09		
ESTIMATE 8									
8. Books and stationery:									
Books and stationery:									
Per capita.....	\$1 31	\$1 01	\$1 31	\$1 15	\$1 17	\$1 34	\$1 19		
Stationery supplies:									
Per capita.....	1 14	92	1 19	1 04	1 04	1 22	1 11		
Total.....	1,376 97	2,102 11	2,759 87	1,369 02	1,845 34	1,921 42	2,038 75		
Books and periodicals:									
Per capita.....	17	09	12	11	13	12	08		
Total.....	201 85	206 45	279 53	147 40	227 72	198 63	156 06		
Total Estimate 8.....	\$1,578 82	\$2,308 56	\$3,039 40	\$1,516 42	\$2,073 06	\$2,130 05	\$2,194 81		
ESTIMATE 9									
9. Fuel and light:									
Fuel and light:									
Per capita.....	\$15 08	\$15 13	\$21 81	\$15 54	\$15 21	\$22 87	\$26 10		
Total Estimate 9.....	\$18,158 60	\$34,695 80	\$50,796 50	\$20,408 65	\$26,996 26	\$36,108 49	\$48,160 38		
ESTIMATE 10									
10. Medical supplies:									
Medical supplies:									
Per capita.....	\$1 27	\$0 98	\$1 03	\$1 15	\$1 44	\$1 08	\$0 94		
Medicines:									
Per capita.....	46	26	32	21	43	18	27		
Total.....	549 47	593 45	741 59	273 65	763 00	280 51	497 04		
Medical and surgical supplies:									
Per capita.....	79	66	65	74	93	83	55		
Total.....	952 14	1,505 37	1,526 01	965 44	1,642 18	1,303 70	1,012 67		
Laboratory supplies:									
Per capita.....	02	06	06	20	08	07	12		
Total.....	28 63	144 69	141 31	269 17	142 45	116 07	217 32		
Total Estimate 10.....	\$1,530 24	\$2,243 51	\$2,408 91	\$1,508 26	\$2,547 63	\$1,700 28	\$1,727 03		

Financial
statement

Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907 — Continued

CLASSIFICATION	Utica	Willard	Hudson River	Middle- town	Buffalo	Bingham- ton	St. Lawrence
ESTIMATE 11							
11. Miscellaneous:							
Per capita.....	\$6 12	\$5 04	\$5 75	\$4 55	\$5 60	\$4 79	\$5 56
Traveling expenses:							
Per capita.....	36	46	18	31	23	27	47
Total.....	438 11	1,050 26	423 25	412 65	405 41	422 29	864 81
Entertainment of patients:							
Per capita.....	2 07	1 34	1 40	95	1 33	1 18	1 53
Total.....	2,491 72	3,081 30	3,265 15	1,241 72	2,359 56	1,866 14	2,815 78
Supply transportation:							
Per capita.....	50	58	1 44	57	38	60	80
Total.....	602 72	1,336 05	3,340 32	747 87	684 95	955 72	1,479 02
Messages:							
Per capita.....	22	17	33	13	32	16	23
Total.....	260 96	387 80	775 54	172 77	573 06	256 90	424 10
Miscellaneous:							
Per capita.....	2 97	2 49	2 40	2 59	3 34	2 58	2 53
Total.....	3,576 41	5,698 95	5,591 83	3,399 91	5,923 59	4,067 75	4,672 70
Total Estimate 11.....	\$7,369 92	\$11,554 36	\$13,396 09	\$5,974 92	\$9,946 57	\$7,568 80	\$10,256 41
ESTIMATE 12							
12. Transportation of patients:							
Per capita.....	\$1 36	\$1 18	\$2 43	\$0 75	\$0 50	\$1 30	\$2 64
Total Estimate 12.....	\$1,637 27	\$2,709 14	\$5,667 92	\$985 54	\$887 27	\$2,046 76	\$4,880 88
Grand total:							
Total per capita.....	\$194 32	\$179 47	\$203 46	\$189 20	\$187 83	\$194 22	\$190 60
All estimates.....	233,968 83	411,513 29	473,850 75	248,537 46	333,397 41	306,668 72	351,659 36
Receipts paid to State treasurer.....	\$24,102 84	\$23,934 68	\$35,448 19	\$53,686 64	\$41,054 44	\$14,255 57	\$19,185 68
Refunds.....		\$0 55	\$83 44	.....	\$64 42	\$0 10	\$5 94
Net per capita.....	\$174 31	\$169 03	\$188 20	\$148 40	\$164 66	\$185 19	\$180 20
Net total all estimates.....	209,865 99	387,578 06	438,319 12	194,850 82	292,278 55	292,413 05	332,467 74

Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907 — Continued

STATE COMMISSION IN LUNACY

19

CLASSIFICATION	Rochester	Gowanda	Long Island	Kings Park	Manhat- tan	Central Islip	Totals All Hospitals
Average population.....	1,282	903	725	3,127	4,377	3,866	26,618
ESTIMATE 1							
1. Officers' salaries:							
Per capita.....	\$12 46	\$15 32	\$18 83	\$8 18	\$9 89	\$6 19	\$9 99
Total.....	15,964 85	13,833 82	13,654 41	25,573 12	43,292 24	23,936 45	265,991 74
ESTIMATE 2							
2. Employees' wages:							
Per capita.....	\$67 97	\$68 20	\$89 15	\$59 65	\$61 03	\$50 95	\$66 06
Administration department:							
Per capita.....	4 02	6 01	9 69	3 72	4 14	3 56	4 14
Total.....	5,150 90	5,424 49	7,024 21	11,644 77	18,123 50	13,746 01	110,290 01
Financial department:							
Per capita.....	2 07	2 94	4 76	1 47	1 48	1 40	1 99
Total.....	2,650 94	2,660 24	3,452 00	4,606 98	6,494 09	5,402 51	53,021 40
Ward service:							
Per capita.....	38 37	31 20	42 65	31 79	33 53	30 76	35 74
Total.....	49,183 20	28,172 83	30,921 55	99,420 57	146,764 80	118,931 66	951,390 63
Domestic service:							
Per capita.....	1 33	2 02	1 60	1 00	95	17	1 36
Total.....	1,701 45	1,828 97	1,160 05	3,120 06	4,140 05	646 92	36,073 69
Kitchen service:							
Per capita.....	3 91	4 38	4 47	2 90	2 84	2 15	3 82
Total.....	5,018 59	3,953 59	3,242 30	9,071 07	12,419 46	8,331 95	101,683 79
Bakery service:							
Per capita.....	83	1 41	.....	58	44	39	66
Total.....	1,059 30	1,273 44	.....	1,800 00	1,947 78	1,500 00	17,447 17
Meat cutters:							
Per capita.....	47	1 17	83	39	28	29	44
Total.....	600 00	1,053 65	600 00	1,226 00	1,236 00	1,113 75	11,792 07
Laundry service:							
Per capita.....	2 27	2 68	3 77	2 51	1 34	1 09	1 92
Total.....	2,911 44	2,419 11	2,732 52	7,846 70	5,866 86	4,194 63	50,963 50
Engineers' department:							
Per capita.....	6 33	7 46	10 21	7 01	6 37	5 71	6 84
Total.....	8,115 25	6,733 68	7,399 58	21,916 58	27,864 89	22,084 24	182,120 29

Financial statement

Financial
statement*Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907 — Continued.*

CLASSIFICATION	Rochester	Gowanda	Long Island	Kings Park	Manhat- tan	Central Islip	Totals All Hospitals
Building department:							
Per capita.....	\$2 37	\$2 13	\$5 36	\$3 69	\$3 14	\$2 30	\$3 35
Total.....	3,035 55	1,921 35	3,884 02	11,527 75	13,729 85	8,878 18	89,207 07
Industrial department:							
Per capita.....	2 84	1 88	3 82	1 50	1 15	71	1 91
Total.....	3,656 43	1,701 61	2,770 76	4,696 41	5,020 60	2,743 79	50,805 64
Farm and grounds department:							
Per capita.....	3 16	4 92	1 53	2 64	1 49	1 97	3 05
Total.....	4,048 93	4,444 65	1,108 33	8,239 41	6,536 68	7,628 19	81,241 82
Railway department:							
Per capita.....	.....	.....	.....	.....	.....	.....	07
Total.....	.....	.....	.....	.....	.....	.....	1,807 50
New York City office, Manhattan State Hospital and steamboat department and purchasing steward:							
Per capita.....	.....	.....	46	45	3 88	45	77
Total.....	.....	.....	335 54	1,416 02	16,971 04	1,756 21	20,478 81
Total Estimate 2.....	\$87,131 98	\$61,587 61	\$64,630 86	\$186,532 32	\$267,115 60	\$196,958 04	\$1,758,323 39
ESTIMATE 3							
3 Provisions and stores:							
Per capita.....	\$68 56	\$46 24	\$83 89	\$63 90	\$63 54	\$58 24	\$61 12
Farmaceous foods:							
Per capita.....	6 87	4 10	12 05	7 27	6 76	6 38	6 91
Total.....	8,808 05	3,704 70	8,734 54	22,723 15	29,602 35	24,676 89	183,803 88
Yeast:							
Per capita.....	18	25	15	18	13	18	17
Total.....	225 47	221 95	113 03	546 58	576 24	704 99	4,633 16
Fresh meats:							
Per capita.....	13 83	13 89	13 11	11 38	14 10	11 48	12 82
Total.....	17,728 33	12,541 88	9,502 72	35,579 99	61,729 24	44,378 53	341,156 19
Poultry:							
Per capita.....	15	52	83	11	68	29	44
Total.....	187 37	465 68	600 49	339 54	2,957 11	1,100 53	11,560 87
Salt and smoked meats:							
Per capita.....	2 83	37	2 90	2 61	1 74	1 38	1 89
Total.....	3,642 15	338 49	2,106 17	8,155 76	7,634 26	5,345 06	50,169 74

Fresh fish:	1 46	1 45	2 97	1 88	1 96	2 09	1 73
Per capita.....							
Total.....	1,864 21	1,305 95	2,152 09	5,874 11	8,584 41	8,091 68	46,103 85
Salt fish:							
Per capita.....	75	83	85	62	52	88	78
Total.....	958 92	748 97	613 18	1,941 85	2,269 97	3,385 16	20,631 69
Fresh vegetables:							
Per capita.....	2 35	04	3 63	2 67	2 62	1 44	1 94
Total.....	3,006 81	32 24	2,635 74	8,346 85	11,461 04	5,560 20	51,729 76
Canned vegetables:							
Per capita.....	24	21	1 19	31	36	32	32
Total.....	303 44	190 95	860 60	978 57	1,565 47	1,235 14	8,604 09
Fresh fruits:							
Per capita.....	29	28	1 06	55	61	51	51
Total.....	378 40	255 85	766 07	1,728 13	2,669 96	1,970 07	13,540 96
Dried fruits:							
Per capita.....	47	79	1 04	88	85	89	84
Total.....	607 55	712 95	757 62	2,758 17	3,711 14	3,438 85	22,448 38
Preserves and jellies:							
Per capita.....	02	06	09	03	17	06	08
Total.....	28 80	56 35	68 26	92 00	728 73	233 83	2,232 90
Dairy produce:							
Per capita.....	20 93	13 02	25 13	23 54	23 92	23 35	20 76
Total.....	26,836 16	11,758 69	18,220 31	73,607 63	104,687 81	90,262 72	552,718 69
Wet groceries:							
Per capita.....	91	54	82	68	87	61	81
Total.....	1,165 37	488 62	591 82	2,139 59	3,801 25	2,366 93	21,642 05
Dry groceries:							
Per capita.....	4 68	4 15	4 68	4 22	4 57	4 33	4 50
Total.....	5,999 89	3,744 26	3,391 37	13,195 29	20,011 71	16,752 36	119,737 01
Condiments:							
Per capita.....	07	11	09	03	07	04	06
Total.....	93 01	100 24	66 93	105 15	309 62	162 42	1,635 85
Total food supplies:							
Per capita.....	\$56 03	\$40 61	\$70 59	\$56 96	\$59 93	\$54 23	\$54 56
Total.....	71,833 93	36,667 77	51,180 94	178,112 36	262,300 31	209,665 36	1,452,349 07
Water and ice:							
Per capita.....	\$4 28		\$5 52	\$0 21	\$0 05	\$0 02	\$0 73
Total.....	5,488 20		4,002 59	659 10	239 55	68 59	19,387 61
Laundry supplies:							
Per capita.....	1 75	1 39	1 05	2 18	44	26	78
Total.....	2,235 95	1,257 71	763 27	6,817 37	1,923 39	1,104 44	20,777 19
Crockery and glassware:							
Per capita.....	64	29	25	47	52	44	42
Total.....	819 40	262 47	182 64	1,481 44	2,266 85	1,686 66	11,310 55
Tin and ironware:							
Per capita.....	36	62	26	30	35	48	35
Total.....	454 26	555 69	191 70	950 38	1,536 25	1,834 79	9,397 80
Financial statement							

Financial
statement*Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907 — Continued*

CLASSIFICATION	Rochester	Gowanda	Long Island	Kings Park	Manhattan	Central Islip	Totals All Hospitals
Cutlery and plated ware:							
Per capita.....	\$0 04	\$0 07	\$0 03	\$0 06	\$0 05	\$0 11	\$0 06
Total.....	53 37	66 14	22 77	191 95	255 08	377 48	1,583 38
Woodenware:							
Per capita.....	03	08	03	04	04	06	06
Total.....	37 85	75 16	21 64	107 87	166 48	246 48	1,483 79
Household supplies:							
Per capita.....	1 18	1 39	1 91	1 02	1 12	1 16	1 29
Total.....	1,518 08	1,254 30	1,381 41	3,192 39	4,906 21	4,464 67	34,272 26
Toilet articles:							
Per capita.....	24	28	29	21	38	30	29
Total.....	313 27	252 10	206 71	651 61	1,667 97	1,160 68	7,709 50
Computation:							
Per capita.....	4 01	1 51	3 96	2 45	66	1 18	2 58
Total.....	5,137 10	1,359 50	2,867 40	7,664 30	2,889 80	4,565 90	68,604 73
Total Estimate 3.....	\$87,891 41	\$41,750 84	\$60,821 07	\$199,828 77	\$278,151 89	\$225,175 05	\$1,626,875 88
ESTIMATE 4							
4. Ordinary repairs:							
Per capita.....	\$3 66	\$3 35	\$4 31	\$4 62	\$5 85	\$5 54	\$4 85
Engineers' department:							
Per capita.....	1 70	1 53	1 59	1 88	1 52	2 86	1 99
Total.....	2,176 93	1,383 78	1,151 39	5,878 53	6,668 86	11,071 58	53,105 62
Carpenters' department:							
Per capita.....	76	50	86	90	82	73	80
Total.....	973 32	451 39	622 35	2,798 06	3,579 79	2,823 77	21,285 73
Painting department:							
Per capita.....	47	89	1 17	57	2 00	75	1 06
Total.....	612 06	807 70	845 16	1,790 89	8,738 20	2,914 59	28,246 97
Masons' department:							
Per capita.....	17	16	14	38	1 17	08	35
Total.....	217 56	141 54	104 55	1,194 01	5,111 27	316 50	9,279 46
Electrical department:							
Per capita.....	29	17	34	39	21	21	27
Total.....	371 01	150 33	247 71	1,223 22	910 71	797 18	7,085 36

Tin Smiths' department:	27	10	21	50	13	23	22
Per capita.....	345 92	90 69	155 11	1,554 84	586 81	877 23	5,858 94
Total.....	.....	.....	.....	.....	.....	68	16
Railway department:	.....	.....	.....	.....	.....	2,622 40	4,259 27
Per capita.....	.....	.....	.....	.....	.....	.....	.....
Total.....	.....	.....	.....	.....	.....	.....	.....
Total Estimate 4.....	\$4,696 80	\$3,025 43	3,126 47	\$14,439 55	\$25,595 64	\$21,423 25	\$129,071 35
ESTIMATE 5							
5. Farm and grounds:							
Per capita.....	\$5 09	\$6 64	\$3 05	\$3 06	\$2 43	\$2 80	\$3 81
Farm feed:							
Per capita.....	2 85	2 58	1 37	1 71	1 14	1 08	1 81
Total.....	3,652 86	2,327 70	992 93	5,355 44	4,990 54	4,158 08	48,237 80
Wagons, sleighs and harness:							
Per capita.....	99	74	39	32	17	26	32
Total.....	1,267 51	666 11	279 56	1,004 83	744 78	1,010 12	8,591 12
Farm and garden implements:							
Per capita.....	14	18	07	05	11	07	11
Total.....	185 10	161 62	50 93	156 51	462 77	276 41	2,976 47
Lawns, roads and grounds:							
Per capita.....	07	09	38	14	24	20	19
Total.....	93 55	79 20	274 79	425 06	1,061 77	749 76	5,171 41
Farm supplies:							
Per capita.....	30	1 14	20	55	26	93	73
Total.....	380 22	1,028 54	144 61	1,705 76	1,138 95	3,600 83	19,331 90
Horticultural supplies:							
Per capita.....	06	08	23	03	11	05	08
Total.....	75 28	76 79	178 90	100 59	477 40	181 39	2,158 80
Stable maintenance:							
Per capita.....	56	37	41	15	11	05	25
Total.....	736 74	333 59	293 09	455 76	472 61	198 98	6,605 55
Live stock:							
Per capita.....	12	1 38	.....	11	29	16	26
Total.....	150 00	1,249 00	.....	354 50	1,268 08	632 50	6,837 08
Rentals:							
Per capita.....	.....	08	.....	.....	.....	.....	06
Total.....	.....	75 00	.....	.....	.....	.....	1,495 00
Total Estimate 5.....	\$6,531 26	\$5,997 55	2,214 81	\$9,558 45	\$10,616 90	\$10,808 07	\$101,405 13
ESTIMATE 6							
6. Clothing:							
Per capita.....	\$8 10	\$4 22	\$5 52	\$6 20	\$7 36	\$8 80	\$6 72
Total Estimate 6.....	\$10,388 74	\$3,814 52	\$3,998 82	\$19,394 21	\$32,214 50	\$34,005 61	\$178,944 20

Financial
statement

Maintenance expenditures and per capita costs October 1, 1906, to September 30, 1907 — Concluded

CLASSIFICATION	Rochester	Gowanda	Long Island	Kings Park	Manhattan	Central Islip	Totals All Hospitals
ESTIMATE 7							
7. Furniture and bedding:							
Per capita.....	\$4 16	\$3 08	\$5 27	\$4 77	\$4 64	\$4 58	\$4 91
Furniture:							
Per capita.....	1 45	93	1 77	1 54	1 15	1 63	1 55
Total.....	1,861 76	840 12	1,282 91	4,813 73	5,020 02	6,302 08	41,242 32
Bedding:							
Per capita.....	1 66	1 91	2 15	2 19	2 87	2 26	2 62
Total.....	2,125 78	1,723 55	1,554 83	6,852 02	12,573 21	8,717 35	69,794 29
Window furniture:							
Per capita.....	23	05	28	19	08	14	15
Total.....	292 18	40 75	205 36	597 72	372 60	530 62	4,144 80
Table linen:							
Per capita.....	82	19	1 07	85	54	55	59
Total.....	1,055 93	173 09	777 64	2,635 68	2,349 60	2,137 53	15,616 18
Total Estimate 7.....	\$5,335 65	\$2,777 51	\$3,820 74	\$14,899 15	\$20,315 43	\$17,687 58	\$130,797 59
ESTIMATE 8							
8. Books and stationery:							
Per capita.....	\$1 98	\$1 59	\$1 98	\$1 03	\$0 93	\$0 69	\$1 13
Stationery supplies:							
Per capita.....	1 78	1 39	1 67	93	87	61	1 02
Total.....	2,277 40	1,255 33	1,212 04	2,894 58	3,799 28	2,354 73	27,206 84
Books and periodicals:							
Per capita.....	20	20	31	10	06	08	11
Total.....	261 39	176 79	225 24	315 17	257 28	309 18	2,962 69
Total Estimate 8.....	\$2,538 79	\$1,432 12	\$1,437 28	\$3,209 75	\$4,056 56	\$2,663 91	\$30,169 53
ESTIMATE 9							
9. Fuel and light:							
Per capita.....	\$18 44	\$23 69	\$18 25	\$18 97	\$9 13	\$16 40	\$17 14
Total Estimate 9.....	\$23,639 79	\$21,396 02	\$13,230 48	\$59,326 07	\$39,976 68	\$63,400 83	\$456,294 55
ESTIMATE 10							
10. Medical supplies:							
Per capita.....	\$1 67	\$0 97	\$2 24	\$1 32	\$1 34	\$0 73	\$1 17
Medicines:							
Per capita.....	60	27	64	27	33	26	32
Total.....	773 49	245 80	462 28	832 44	1,458 84	1,016 34	8,487 90

Medical and surgical supplies:

Per capita.....	1 00	586 32	1 48	90	82	46	75
Total.....	1,288 09	1,076 30	1,076 30	2,819 34	3,576 20	1,783 58	20,037 34
Laboratory supplies:							
Per capita.....	07	05	12	15	19	01	10
Total.....	83 71	40 77	90 37	459 76	811 07	36 30	2,581 62
Total Estimate 10.....	\$2,145 29	\$872 89	\$1,628 95	\$4,111 54	\$5,846 11	\$2,836 22	\$31,106 86
ESTIMATE 11							
11. Miscellaneous:							
Per capita.....	\$5 98	\$8 40	\$10 43	\$5 24	\$7 10	\$5 53	\$5 93
Traveling expenses:							
Per capita.....	79	1 18	58	31	12	27	34
Total.....	1,016 12	1,063 35	422 11	980 11	541 44	1,030 10	9,070 01
Entertainment of patients:							
Per capita.....	1 84	2 82	2 86	1 06	95	1 00	1 33
Total.....	2,358 99	2,546 30	2,074 85	3,313 78	4,148 73	3,859 49	35,423 51
Supply transportation:							
Per capita.....	47	64	38	1 09	16	1 65	80
Total.....	607 83	575 69	274 84	3,409 67	699 59	6,403 56	21,117 83
Messages:							
Per capita.....	47	53	67	37	30	29	30
Total.....	598 47	478 65	481 81	1,166 96	1,294 66	1,126 18	7,997 86
Miscellaneous:							
Per capita.....	2 41	3 23	5 94	2 41	5 57	2 32	3 16
Total.....	3,088 00	2,919 38	4,305 79	7,526 37	24,371 05	8,979 15	84,120 88
Total Estimate 11.....	\$7,669 41	\$7,583 37	\$7,559 40	\$16,396 89	\$31,055 47	\$21,398 48	\$157,730 09
ESTIMATE 12							
12. Transportation of patients:							
Per capita.....	\$0 30	\$1 74	\$0 18	\$0 90	\$0 06	\$0 66	\$1 00
Total Estimate 12.....	\$382 73	\$1,571 74	\$130 11	\$2,831 65	\$285 60	\$2,539 37	\$26,555 98
Grand total:							
Total per capita.....	\$198 37	\$183 44	\$243 10	\$177 84	\$173 30	\$161 11	\$183 83
All estimates.....	254,316 70	165,643 42	176,253 40	556,101 47	758,522 62	622,832 86	4,893,266 29
Receipts paid to State treasurer.....	\$17,620 22	\$9,848 28	\$8,835 40	\$31,204 08	\$27,264 98	\$13,737 78	*\$322,970 31
Refunds.....	\$30 38	\$57 76	\$10 23	\$249 94	\$230 27	\$38 55	\$771 58
Net per capita.....	\$184 61	\$172 47	\$230 91	\$167 78	\$167 02	\$157 54	\$171 67
Net total all estimates.....	236,666 10	155,737 38	167,407 77	524,647 45	731,027 37	609,056 53	4,569,524 40

* \$2791.53 interest on Treasurer's account at Albany included in total. \$1,200 received from Long Island ticket fund and \$116.64 from Willard bank dividend not included in receipts.

Financial statement

DEFICIENCY IN MAINTENANCE APPROPRIATION

The Commission closed the year with a deficiency in supplies account of \$36,100. On the other hand it had a surplus of \$45,070.46 in the appropriation made by the Legislature for the salaries of officers and wages of employees of these institutions. It respectfully requests that arrangements be made for the transfer of this fund to meet deficiencies occurring during the year as well as to meet the large ones estimated to occur during the coming year as indicated by the table presented by the purchasing stewards committee on page 27. The increase in prices for the first six months of the year which have just been obtained show an average increase of 22 per cent in the staples required by the hospitals.

INCREASE IN COST OF MAINTENANCE

The upward tendency in the price of all staple articles entering into maintenance account has been widely commented upon by National and State statisticians and has proved a source of grave difficulty with departments having charge of the maintenance of any considerable number of persons with appropriations based on prices of preceding years. The system under which the principal articles of supply are purchased under the direction of the Commission, namely through a joint committee representing the 13 State hospitals, permits of a careful comparison of one season's prices with another; thus when this committee made its contract for supplies for the six months beginning October 1, 1907, it was able to make at once a comparison with the prices paid for a similar period of the preceding year.

The Commission deems it best to present the committee's report in full.

UTICA, October 1, 1907

State Commission in Lunacy, Albany, N. Y.:

GENTLEMEN — As per your request made to the purchasing committee of State hospitals, herewith I beg to hand you tabulated report showing percentage of increase of certain articles for the period October, 1907, to April, 1908, as compared with the same period 1906-1907. The tabulation shows the article, quantity, 1906 price, 1907 price, percentage of increase or decrease, total cost 1906 by items and total percentage of increase which we find to be 22 per cent or total \$13,445.12. In preparing this

list, only such food supplies as the committee contracts for have been taken up, excepting the item of wheat flour. Comparative
prices, 1906
and 1907

In connection with the above, I might say that many items which are not covered by this report, such as butter, cheese, eggs, lumber, cotton and woolen goods (particularly the former) will show a decided increase in cost the current period over a year ago. These items mentioned do not come under the contract system, but, on the other hand, my duties as steward bring me in close touch with them, and I believe that a comparison of prices now being paid as against prices paid a year ago will show even a larger percentage of increased cost.

Very truly yours

C. A. MOSHER

Secretary Committee

Article	Quantity	1906 Price	1907 Price	Per cent of increase or decrease	Total cost 1906
Entire wheat flour, 99 bbls.		\$3.60	\$4.85	34	\$356.40
Graham flour, 242 bbls...		3.127	3.94	25	756.73
Rye flour, 165 bbls.....		3.16	4.56	44	521.40
Cornmeal, white, 54 bbls..		3.00	4.00	33 $\frac{1}{3}$	162.00
Cornmeal, yellow, 379 bbls.		3.06	3.45	12	1,159.74
Cornstarch, 21,220 lbs....		2.78	2.93	5	589.92
Cracked wheat, 31 bbls....		4.32	5.49	27	133.92
Wheat flake, 263 bbls....		4.22	5.22	23	1,109.86
Hominy, 422 bbls.....		3.11	3.86	24	1,312.42
Oatmeal, 286 bbls.....		4.82	7.40	53	1,378.52
Rolled oats, 811 bbls.....		4.50	6.35	41	3,649.50
Barley, 13,900 lbs.....		2.15	3.50	62	298.85
Farina, 221 bbls.....		4.58	6.11	33	1,012.18
Tapioca, 34,700 lbs.....		.0509	.0540	6	1,766.23
Rice, 106,000 lbs.....		.0324	.0328	1	3,434.40
Sago, 22,100 lbs.....		.04373	.04	8	966.43
Macaroni, 38,100 lbs.....		.034	.035	2	1,295.40
Beans, 2,232 bu.....		1.60	1.97	23	3,571.20
Peas, split, 71 bbls.....		6.45	6.75	4	457.95
Peas, dried, green, 376 bbls.		1.325	1.91	44	498.20
Peanuts, 7,780 lbs.....		.045	.0664	47	350.10
Cream tartar, 3,555 lbs...		.2388	.25	4	84.89
Bicarb. of soda, 3,136 lbs..		.0168	.019	13	52.68

Comparative
prices, 1906
and 1907

Article	Quantity	1906 Price	1907 Price	Per cent of increase or decrease	Total cost 1906
Codfish, 64,600 lbs.....		.0503	.0525	4	3,249.38
Salmon, mess, 12 bbls.....		12.98	15.00	15	155.76
Salmon, canned, 2,386 doz.		1.08	1.32	22	2,576.88
Salmon, smoked, 5,600 lbs.		.1198	.1248	4	67.08
Mackerel, 240 bbls.....		13.98	15.45	10	3,355.20
Herring, 21 bbls.....		5.98	5.62	6	125.58
Halibut, 6,090 lbs.....		.0994	.1425	43	605.35
Salmon, trout, 49 bbls....		10.06	15.00	49	492.94
Molasses, 4,870 gals.....		.2725	.2609	4	1,327.08
Syrup, 18,370 gals.....		.255	.2725	6	4,684.35
Vinegar, 10,965 gals.....		.11	.12	9	1,206.15
Pickles (1,500), 98 bbls...		7.25	10.25	41	710.50
Pickles (1,200), 12 bbls...		6.035	9.17	51	72.42
Tea, 41,340 lbs.....		.1421	.1392	2	1,740.41
Chocolate, 1,225 lbs.....		.21	.32	52	257.25
Cocoa, 1,580 lbs.....		.22	.31	40	347.60
Salt, T. I., 14,380 lbs.....		.00564	.00523	7	81.10
Salt, Retsof, 6,500 lbs....		.005	.0049	2	32.50
Salt, table, 389 bbls.....		1.25	1.79	43	486.25
Salt, common, 209 bbls....		1.10	1.39	26	229.90
Gelatine, 284 lbs.....		.2324	.255	9	66.00
Cocoanut, 860 lbs.....		.0985	.1297	31	84.71
Raisins, 10,550 lbs.....		.0592	.0787	32	624.56
Currants, 8,600 lbs.....		.068	.0746	9	552.80
Prunes, 57,000 lbs.....		.0419	.0678	60	2,388.30
Citron, 900 lbs.....		.2017	.1721	17	181.53
Apples, evap., 36,800 lbs..		.0627	.1021	62	1,307.36
Peaches, 15,800 lbs.....		.1171	.1289	10	1,850.18
Apricots, 10,200 lbs.....		.165	.3022	83	1,683.00
Figs, 10,750 lbs.....		.053	.0567	6	569.75
Dates, 3,815 lbs.....		.0381	.0371	2	145.35
Apple butter, 12,505 lbs...		.05	.06875	36	625.25
Laundry starch, corn, 14,350 lbs.		.0282	.0287	1	404.67
Laundry starch, wheat, 10,590 lbs.		.05625	.055	2	595.89
Sal soda, 37,400 lbs.....		.008	.008	..	.....
Caustic soda, 98 per cent, 14,600 lbs.		.02749	.0265	4	401.45

Article	Quantity	1906 Price	1907 Price	Per cent of increase or decrease	Total cost 1906	Comparative prices, 1906 and 1907
Caustic soda, 74 per cent, 6,000 lbs.		.0247	.0253	2	148.20	
Caustic soda, 70 per cent, 3,000 lbs.		.0233	.0245	5	69.90	
Caustic potash, 86 per cent, 9,200 lbs.		.049	.0495	1	450.80	
Alkali, 58 per ct., 4,000 lbs.		.0115	.01125	2	46.00	
Japan wax, 203 lbs.		.14	.16	14	28.42	
Borax, 890 lbs.		.0825	.0697	18	73.43	
Bath brick, 140 lbs.		.58	.58	..	.....	
Matches, 288 gross.		.45	.49	8	129.60	
Plug tobacco, 8,260 lbs.		.19	.18	5	1,571.11	
Smoking and chewing to- bacco, 2,775 lbs.		.22	.23	4	610.50	

Total cost of 1906, \$61,331.16.

Total percentage of increase, .22.

NEW SYSTEM OF APPROPRIATIONS FOR THE STATE HOSPITALS

On the question of the care of the dependent insane there have always been in this State two sharply defined opposing forces: reactionary and progressive. The former holds firmly to the view that in mass the insane owe their disease to dissipation, and to neglect of the laws of hygiene, and that in consequence they are not entitled to any special consideration; that the statistics for the past 20 years fail to show any marked enhancement in the recovery rate, and that it is a grave economic blunder to expend from the public treasury any greater sum than that required to sufficiently feed and house the lunatic; in a word, to give him simply custodial care; that all efforts at active medical treatment, by hydrotherapy, electro-therapy, suitable occupation, either by light work or varied diversion, are wasted; that the patient, if he has sufficient vitality, will recover without these aids, and that if he is not to recover it is obviously best not to seek to prolong his life and thus add to the already huge burden from which the taxpayers are suffering.

It is against the propaganda of this class that every humanitarian effort should be directed. This department, while simply

Subdivision of
maintenance
appropriations

administrative, stands now, as always, against any change in policy which will deprive any of its unfortunate dependents of the benefits of humane and progressive care and treatment. It denies absolutely that chronicity can be foretold in any case, and holds that from its familiarity with the whole subject it is best fitted to determine what disbursement the State should properly be called upon to make on behalf of the insane. It believes that no taxpayer will begrudge the payment by the State of the weekly sum required for maintaining the insane, namely, \$3.53 per week, nor the additional weekly per capita of 70 cents required for the construction of new buildings, extraordinary repairs and administration. It submits that as it has, during the past 15 years, gradually perfected its system of management and supervision the State should encourage and not hamper its efforts to attain greater efficiency with the minimum of expense.

For some years following the inauguration, in 1895, of the plan of granting the Commission a lump sum from which it expended such amounts as it found necessary for the maintenance of the different State hospitals and for the extraordinary improvements and additions required to these institutions, the Commission found little difficulty in meeting requirements for new accommodations to provide for the annual net increase in the number of the insane and to alleviate the overcrowding which resulted from the taking over by the State of the care of the insane of the metropolitan district and Long Island.

In 1900, however, the Legislature decided to separate the appropriations for the maintenance of the insane from those which it provided for new buildings and extraordinary construction account. The appropriations for the maintenance of the State hospitals were further subdivided into three groups: (1) Salaries of officers; (2) wages of employees; (3) supplies or general maintenance, including food, clothing, medicines, etc. The Legislature, in 1905, made a further change by appropriating the funds for extraordinary improvement account by separate institutions. A still further subdivision was inaugurated during the session of 1907 by granting a lump sum to each of the 13 State hospitals for its annual maintenance subject, of course, in the expenditure of the amounts to the provisions of the estimate system adopted in 1893.

The Commission submitted reasons in support of a continuation of the old and far more elastic system of providing the funds

for the support of the insane under the three heads above indicated; yet the Legislature not only insisted upon the new arrangement but reduced the amount available by failing to reappropriate the funds heretofore paid into the State hospitals for the maintenance of private and so-called reimbursing patients, the gross amount of which for some years has approximated \$300,000 per annum. The net result of the changes above referred to and of the failure to reappropriate the board moneys has been a reduction in the total amount available for the maintenance of the insane of approximately \$280,000. Whether, in the face of advancing markets — a table showing the advance of 1907 over 1906 prices of staple articles of supply, will be found on page 27 of this report, proving an average advance of 22 per cent in the prices for the year — the Commission will be able to care for an increased number of 750 insane persons, the estimated net addition for the year, with a reduced appropriation of more than a quarter of a million dollars, time alone will show.

Subdivision of
maintenance
appropriations

The Commission desires at this time, however, to record its belief that by the scrutiny of the items of expenditure of the State hospitals during the past 10 years every possible economy has been brought about; and to add that unless the Legislature grants supplemental appropriations during the session of 1908 extraordinary reductions in the working force and dietaries of the hospitals must be made before the close of the year. It desires to record itself further as against any tendency toward a lowering in the standard of care of the insane in these institutions. It believes that the State has no right to expect that these dependent unfortunates shall be maintained at a lower rate than \$3.53 per week; that 4 1-5 cents per meal is not too great a sum to expend for food supplies for the insane and the officers and employees of these institutions; that \$6.73 per annum per capita is not an extravagant amount to expend for clothing and that one-third of a cent per capita is not too large a per diem charge for the medical supplies required for this unfortunate class.

While on this subject the Commission desires to enter a further protest against the reduction in the so-called construction emergency fund made during the last session of the Legislature. The Commission believes that one per cent of the total value of the hospital establishments and their equipment is not too much to ask for emergency purposes, such as fires, unusual accidents or repairs, etc. This would amount to \$270,000. At the last ses-

sion of the Legislature, however, only \$125,000 was granted for this purpose. The Commission hopes that at the coming session of the Legislature the plain necessities of the situation will be fully appreciated by the respective committees of the Senate and Assembly to the end that actual emergencies may be properly and sufficiently met.

The Commission regrets that owing to the expected depletion of the State's revenue for the year just closed, further reductions of some items were found necessary, and sincerely hopes that these may be restored during the coming session. The specially destructive tendencies of asylum inmates must be considered; the property of the State must be properly preserved and the rules of common prudence in the matter of renewals and repairs must be followed. The Commission respectfully urges upon the members of the Legislature a careful scrutiny of the expenditure of public moneys through this department to the end that if these disbursements are sufficiently safeguarded there shall be no attempt to embarrass, if not indeed to render entirely futile, the sustained efforts of the Commission to keep the administration of the institutions under its control upon its present high level of economy and efficiency.

CENTRALIZATION OF HOSPITAL TREASURER'S WORK

Under the authority granted by statute the Commission, on October 1, 1906, established in its office the bureau of central treasurer. Since 1902 the superintendents of the State hospitals have, in addition to their medical duties, acted as treasurers for these institutions. This work was not included in the line of the duties assigned to them by statute and furthermore the results were not entirely satisfactory.

The Commission has for the past year paid all accounts rendered against the State hospitals through this bureau. Some reductions have been made in the working force of the financial departments of the different State hospitals, and other economies are being brought about through concessions by dealers and others of considerable discounts for cash payments. It is believed that the wisdom of the change has already been demonstrated.

Carroll F. Smith, who had been in the service of the Commission since 1889 and for some years past has served as assistant auditor, was made central treasurer and furnished a bond of \$300,000.

RESULTS OF TREATMENT DURING THE YEAR

Notwithstanding the unfavorable character of one-half the admissions to the State hospitals during the year, namely those committed to the Manhattan and Long Island State Hospitals,—these patients being recruited from the alien class and largely from the lower East Side of New York,—the Commission is gratified to be able to report a slight increase in the percentage of recoveries based on the number of original admissions to the State hospitals, the figures being 25.50 per cent, as against 25.48 per cent during the year 1906.

The importance of restoring an insane person to wage-earning capacity needs only to be mentioned to be appreciated; and the Commission believes that the State would be justified in expending even a much larger sum than at present if it were possible to bring about any considerable addition to the number of persons discharged as cured or considerably improved from these institutions. Conservative estimates of the average duration of the life of the insane in institutions show that it ranges from ten to twelve years. Since the annual cost of maintaining an insane person is nearly \$184 and the present cost of new buildings is \$550 per capita, it is self-evident that the State gains enormously by the permanent discharge of every insane patient.

ADDITIONAL ACCOMMODATIONS AVAILABLE

During the year ending September 30, 1907, only a portion of the expected additions to hospital capacity materialized.

At the Utica State Hospital an addition of eighty-six beds was made by the occupancy of new wards in the Administration building, made possible by the removal of the superintendent and medical staff to other quarters provided for them.

At the Willard State Hospital the opening of the farm cottage known as Buttonwood, permitted an enlargement of the capacity to the extent of twenty-five beds.

At the Hudson River State Hospital the occupancy of the wards in the Administration building, made possible by the removal of the superintendent and medical staff to other quarters and the completion of new wards at the Central Group providing specially for the tubercular class, made an addition to the capacity of 200 beds.

At the Buffalo State Hospital 150 additional beds were provided by the occupancy of quarters in the Administration building by

Additional ac-
commodations
available

the removal of the superintendent and medical staff to other and special quarters and by the provision of a nurses' home for men employes.

At the Kings Park State Hospital the capacity of the institution was increased by the occupancy of the new nurses' home, thus releasing additional accommodations on the wards for 300 patients; also by structural changes on some of the older county buildings, to the extent of fifty beds.

At the Manhattan State Hospital an addition of fifty was made to the capacity by the provision of two wooden pavilions accommodating twenty-five patients each.

At the Central Islip State Hospital the capacity was increased by sixty by reason of the conversion of the old amusement hall into a dining hall, thus providing dormitory space elsewhere.

At the Gowanda State Hospital the capacity has been increased to the extent of 100 beds by the provision of a new dining-room, thus making dormitory space in another portion of the building.

On the other hand, the capacity of the Long Island State Hospital has been reduced from 1,005 beds to 655 by reason of the reversion of some of the old county buildings, temporarily occupied by the State, to the county of Kings.

The net addition, therefore, to the capacity of the institutions as a whole amounted to 621.

Within a few months, however, the Commission expects to open buildings for the chronic insane at Binghamton, Middletown and Poughkeepsie providing accommodations for 1,610 patients; acute buildings at Binghamton, Utica and Poughkeepsie to accommodate 100 patients each; the nurses' home at Utica releasing accommodations on the wards for eighty additional patients, and three pavilions at the Manhattan State Hospital to accommodate thirty patients each.

· AFTER-CARE SYSTEM

The admirable plan of after-care and oversight of patients after their discharge from the State hospitals, outlined in the last report of the State Charities Aid Association, has borne excellent fruit during the past year. Special attention to the results attained by the different State hospital committees, as outlined in the report of the State Charities Aid Association, annexed to this report, is respectfully directed.

ESTIMATES FOR THE YEAR 1908-9

The total
Merritt bill

In accordance with the requirements of the statute the Commission submits below its estimates for the maintenance of the State hospital system, the State Commission in Lunacy, State Pathological Department, State Board of Alienists, etc., for the year beginning October 1, 1908. It estimates that for the year beginning October 1, 1908, the average daily population of patients will be 28,120 and the average daily number of officers and employes 5,200. It respectfully requests the appropriation of \$290,000 for the salaries of officers; of \$1,900,000 for the wages of all employes, and of \$3,000,000 for the supplies required for both patients, officers and employes. For the maintenance of the State Commission in Lunacy, Pathological Institute, State Board of Alienists, special agents, etc., it estimates that \$119,000 will be required, and for the bureau of State hospital treasurer, \$13,000.

In addition to the above maintenance appropriations the Commission estimates that there will be needed for extraordinary improvements and additions to existing establishments to meet at least in part the requirements of the year in the way of added accommodations and for other purposes, the following sums:

For extraordinary improvements and additions to existing buildings.....	\$1,600,000 00
For emergency purposes, one per cent of the total valuation of the State hospitals.....	270,000 00
For the purchase of a site for the new hospital for the insane in the southeastern part of the State	120,000 00
Total amount required for extraordinary purposes	*\$1,990,000 00
Grand total required for all purposes.....	\$7,312,000 00

INCREASED COMPENSATION FOR STATE HOSPITAL OFFICERS AND EMPLOYES

When, in 1893, the Commission first adopted the uniform schedule of salaries for State hospital officers and of wages for employes, the labor market was at a low ebb. Especially was this true of unskilled labor, from which, for the most part, recruits are obtained for the lower grades of hospital nurses and attend-

* Subject to slight increase after definite estimates are received from the State Architect.

Increase in
compensation
of nurses and
attendants

ants. It was not therefore difficult for any of the institutions to secure a waiting list of applicants. This was true even of the metropolitan district, in which the greatest difficulty in this respect was anticipated. The extraordinary development of manufacturing and other enterprises during the past ten years, and more particularly in the latter half of that period, has entirely changed this condition of things. In outside fields of labor the greater freedom, shorter hours of labor, less isolated situation, more attractive character of the work, together with the prospects of advancement, has resulted in what may be almost termed an exodus from the hospital service. The Commission appealed to the Legislature for additional appropriations to meet these changed conditions, and with the funds granted made a twenty-five per cent increase in wages during the year 1904, involving an increase in the budget amounting to \$200,000.

In 1906, after affiliating with the American Federation of Labor, the State hospital employes secured direct legislation, the general effect of which was to increase commensurately the wages of employes of the industrial departments connected with the institutions. As might have been expected the employes of the institutions under the financial supervision of the State Fiscal Supervisor, comprising asylums for the blind, feeble-minded and deaf and dumb, who had not shared in these increases, soon became dissatisfied and these institutions were almost crippled in their operation by the transfer to State hospitals of a considerable number of their employes.

Encouraged by the success which had attended their previous efforts the hospital employes again appealed to the Legislature during the session of 1907 for not only a considerable increase in the compensation of certain positions, but also for a marked reduction in the hours of duty. Numerous hearings were had before both Senate and Assembly committees, but, as the Commission reported in response to a request of the Legislature, that the so-called Averill bill, if enacted, would involve an annual additional charge of half a million dollars, not to mention the necessary provision for buildings to house the supplemental working force required, the legislation was abandoned.

The Commission desires at this time to express its belief that the time has arrived for a material change in the scale of wages allowed those employes who are in direct attendance upon the insane, including nurses and attendants, but more particularly

those of the lower grades. By reason of the low wages offered beginners it is now and for a long time past has been quite out of the question to secure sufficient applicants to keep the lists full, especially in those institutions where the need is greatest, *i. e.*, of the metropolitan district. Advertisements for attendants inserted in newspapers in the city of New York and in the States of Connecticut, Massachusetts and Pennsylvania fail to relieve conditions, and the Commission would earnestly request the Legislature to recognize the necessities of the situation and to adopt an adequate measure of relief. It is not necessary to state the special and none too attractive character of the work of caring for the insane; the trying and difficult situations that confront hospital nurses daily and the frequent and oft-times dangerous assaults attempted and committed upon them by their irresponsible charges. While the Commission has done everything in its power with the funds granted to render this service attractive by the provisions of special homes for nurses, club-rooms (which, however, are maintained by the employes themselves) and various amusements, wages must be increased and prevailing conditions alleviated if the State hospitals for the insane are to carry out their beneficent design. While it may not be possible to entirely meet the wishes of the hospital employes, it is believed that a more carefully designed and less expensive scheme than that proposed in the Averill bill can be adopted which will at least modify existing difficulties.

Increase in
compensation
of nurses and
attendants

In closing, the Commission would report that it has appointed a special committee to study this general subject, consisting of the Superintendents of the Binghamton, Hudson River, Willard and Central Islip State Hospitals, whose report, when submitted, may be of value to the Legislature when the claims of the hospital nurses are again submitted for its consideration.

SCHEME OF NEW STATISTICAL DATA

The statistical tables incorporated in the annual reports of the Commission for the past eighteen years, while they have served a useful purpose, require readjustment to meet new developments in the study and treatment of insanity. Over two years ago a committee of hospital superintendents was appointed to examine this whole subject and to devise a comprehensive scheme which would relieve the Commission of the burden of reprinting data, from which, in view of the new nomenclature and classification, no tangible results to the student could be found.

The Commission is pleased to report that, under the able chairmanship of the Superintendent of the St. Lawrence State Hospital, a scheme has been adopted, the details of which will be found on page 213, which will not only permit a considerable condensation in the annual reports of the Commission, but will present the history of cases and the results of treatment in far more intelligent and attractive form than at any time heretofore.

IMPORTANCE OF UTILIZING STATISTICAL DATA

The Commission has long been impressed with the importance of utilizing in condensed and practicable form the enormous mass of statistical information which it has collected during the nineteen years of its existence. In this respect it has not kept pace with some of its sister States, and in comparison with the work of foreign lunacy commissions it has lagged far behind. The data contained in its annual reports, if properly charted and condensed, will afford to the Commissioners, to specialists and students of the subject a fallow field for investigation as to the influence of heredity and environment as causative factors of insanity. The Legislature will be requested to incorporate an item in the annual appropriation bill to provide a competent statistician to collate and chart the material referred to.

CHARTING OF STATISTICAL DATA

The favorable opinions with which the graphic charts appearing in the last annual report of the Commission have been received encourage the Commission to continue this scheme of presenting interesting statistical data. In connection with this matter the Commission inserts herewith charts illustrating the following points:

No. 1 Map showing the ratio of urban to rural population in each State hospital district.

The United States census classification, which includes in "Urban" population only cities of 8,000 or more inhabitants, is used as the basis of this map, and the population is that given in the State census of 1905.

No. 2 Chart showing residence of the patients admitted from each county in 1907, with reference to urban or rural environment, compared with character of the population.

No. 3 Chart showing the percentage of admissions in 1907 in which alcoholism was associated in districts having a population largely urban and in districts having a population largely rural.

No. 4 Map showing the ratio of admissions in 1907 to the population of each county.

No. 5 Chart showing the increase of admissions on original commitment for the nine years ending September 30, 1907, compared with the increase in population during the same period.

No. 6 Chart showing the causes of death of the patients who died in 1907, compared with the causes of death in the general population of the State. All under twenty years of age, all deaths from general paralysis of the insane, acute and chronic mental diseases and epilepsy, and all from ill-defined causes or of uncertain age are omitted in this calculation.

No. 7 Chart showing the proportion of the total cost of maintenance during the year which was constituted by each of the following: Medical service, medical supplies, ward service, domestic service, administration and financial department, provisions and stores, furniture and bedding, and all other expenses.

No. 8 Chart showing a comparison of the foregoing with the proportion of the total cost of maintenance constituted by the same items in other institutions of a different character.

ELOPEMENTS, SUICIDES AND ACCIDENTS AT THE STATE HOSPITALS

The Commission is pleased to report an unusually small number of untoward occurrences at the State hospitals during the year.

At the Utica State Hospital a somewhat unusual case was that of a woman patient who, escaping from the institution, found means to reach Albany where she obtained employment as a clerk in a department store. Here her peculiarities were noticed after a few days and her services were discontinued. She also received notice from the mistress of the boarding-house in which she had found domicile that she must look for quarters elsewhere. The excitement which followed these events brought on an attack of considerable violence necessitating her commitment to a local institution for safe keeping. When she became quieter efforts were made to send her to the home of her husband but she declined to consider this, alleging that he was, in the first instance, responsible for her unjustifiable commitment to a hospital for the insane. Through the good offices of a local attorney she consented to return to the Utica State Hospital, upon condition that she would be granted a parole within a short time. As she was able to exhibit considerable self-control she was discharged upon the hospital

Accidents
during
the year

books within a short time afterward and has not, up to the close of this report, required recommitment.

A woman patient at this hospital was paroled by the authorities for the purpose of spending Thanksgiving with her husband at home. Although she had not at any time previously exhibited suicidal tendencies she seized the opportunity thus afforded her to swallow a powerful drug, and although prompt measures were applied she died in a short time.

At the Willard State Hospital a patient secreted binding twine about her clothing and seizing a favorable opportunity hanged herself from the door of a room. At the same institution a male patient died from asphyxiation due to the lodgment of meat in the larynx.

At the Hudson River State Hospital a male patient left the grounds without permission, and was afterward found dead on the railway tracks near the hospital pumping station, his skull having been fractured evidently by contact with the locomotive or cars.

At the Middletown State Hospital a male patient committed suicide by drowning. It appears that he carried a pail of water to his room and held his head far enough in the pail to become asphyxiated. At the same hospital a male patient left the institution without permission or notice and remained for some months about the neighboring counties enlivening the situation at different times by transmitting to the authorities of the institution souvenir postal cards. At the same institution a male patient committed suicide by wading out into a small ice pond in the rear of the institution and lying down in the shallow water until this reached over his head.

At the Rochester State Hospital a woman patient committed suicide by suspension, using a bed sheet, one end of which was attached to the window guard. At the same institution a male patient committed suicide by drowning subsequent to an unsuccessful effort to persuade his wife to remove him from the institution.

At the Kings Park State Hospital a male patient met his death under somewhat unusual circumstances, and the hospital authorities called upon the local coroner to make the usual investigation. The patient's relatives, not being satisfied with his report, requested the Commissioners to make a special inquiry which was done. Physicians and attendants were placed under oath, and

all testimony that could throw light upon the patient's death was adduced, but nothing was found to contradict the findings of the coroner.

Accidents
during
the year

At the Long Island State Hospital a woman patient, while on parole and in the charge of her friends, was accidentally killed by a trolley car.

At the Manhattan State Hospital a woman patient after leaving a dining-room started straight for the river. A nurse went in immediate pursuit and a hospital watchman also tried to intercept the patient, but she outstripped her pursuers and plunged into the river. No trace of her body was afterward discovered.

At this same institution a male patient becoming very noisy in a small dormitory to which he had been assigned was attacked by a fellow patient whose rest he had disturbed and struck on the head with a small serving table. The patient died in a few days as a result of the injury. At the same institution a woman patient secured a poisonous drug, died, and upon investigation by the coroner evidences of mercurial poisoning were found. At this institution a male patient was found hanging in the closet in which are usually stored the brooms, polishers, etc., of the ward. The patient had placed a broom handle across the top of two shelves, and with the girdle of his dressing gown about his neck had produced asphyxiation. At this institution a male patient succeeded in throwing himself into the river. His body was taken to the Fordham Hospital, and afterward identified by the institution clothing. Another male patient committed suicide in the same way. At the same institution a woman patient eluded observation while patients were preparing for bed. The premises of the institution were searched throughout the night and the following day, but no traces of her was found. It was supposed she was drowned while attempting to swim the river. A Russian patient, while walking about the exercising court with other patients, eluded observation and rushing to the point of the grounds opposite Hell Gate plunged into the river, and after swimming a few strokes was carried away by the strong tide and soon disappeared. A second patient who had observed the first one escape attempted to throw himself into the river at the same time, but was prevented by the nurse who had started out to overtake the Russian patient.

Owing to the situation of the Manhattan State Hospital on Ward's Island, it is at all times necessary to detail several attend-

Accidents
during
the year

ants to specially guard the river banks and an attendant is also detailed to patrol the river near the shore in a row boat. Almost daily attempts are made to break through this line, but the escapes are relatively few in number. Owing to the proximity of this hospital to the city of New York, and the fact that all occurrences of an unusual character in an institution for the insane are seized upon eagerly by metropolitan dailies, occurrences of this kind are frequently exaggerated as are also injuries received by patients though these may not be actually serious.

Charges were made against the Manhattan State Hospital in connection with the somewhat sudden death of a patient named Rodesky. Allegations of cruelty and maltreatment were made by the relatives of this patient, and the managers and the coroner made an investigation of the circumstances attending his death. It appears that he was a bed-ridden parietic and a few days prior to his death, on the thirtieth of July, was found to be suffering from a fracture of the sternum and three fractured ribs. The coroner reported the cause of death as septic poisoning from several large abscesses owing to the patient's general septic condition. The managers at the close of their special inquiry reported that the patient was not handled in any rough manner.

At the Central Islip State Hospital a male patient who had been given parole of the grounds and was in the habit of taking long walks about the premises was found hanging by the neck in the woods some three miles distant.

At the Gowanda State Hospital two women patients committed suicide by hanging.

THE CARE OF THE INSANE PRIOR TO COMMITMENT

While this is a topic upon which the Commission heretofore has not ventured to any considerable extent since its functions have seemed to be limited to the supervision of the insane after their commitment to State and licensed institutions, it cannot omit a reference to the progress being made in certain parts of the State in providing more humane and better directed methods in the temporary care of insane patients pending the completion of the medical examination and court order. In the cities of Albany and Rochester certain parts of the local city hospitals have been assigned to the special care of this class, thus relieving the danger to the community from their being at large, and relieving the insane also from the disgrace and damaging results of

being confined in a jail or lockup. In this connection the admirable paper of the Superintendent of the Utica State Hospital, Dr. Palmer, which appears on page 253 of this report, will be found of considerable interest.

CERTIFICATION OF CAPACITY OF THE STATE HOSPITALS

Some years have now elapsed since a formal certification of the capacity of the thirteen State hospitals was made, and during that time nearly all of the institutions have been affected by structural changes. The Long Island State Hospital, at Flatbush, has been reduced from a capacity of 1,005 to 655, by the reversion of the annex buildings to the county of Kings. This was the only institution, however, whose capacity was reduced; the balance of the institutions will all soon report an increase in their capacity.

This important question will receive the attention of the Commission at an early date. The present plan is to request the State Architect to delegate a competent draughtsman and engineer from his office to accompany the Commission upon a special tour to the State hospitals to aid in determining the floor space as well as the cubic air space of the different day-rooms, dormitories, etc., and in considering more scientifically the actual capacity of the different buildings attached to the establishment.

ADDITIONAL LANDS AT THE STATE HOSPITALS

Considerable difference of opinion has existed among well-informed authorities on the question of the proper size of farming and garden lands attached to the State hospitals. Much depends upon the quality of the patients committed to a given hospital, *i. e.*, whether these are of a type available for the development of agriculture. For many years the proper proportion of acreage was thought to be one acre per patient. Actual results, shown in the operation of large farms, however, have practically convinced the Commission that excepting under almost ideal conditions the State has not been justified in providing a large acreage; on the other hand, some of the institutions situated near cities, notably Utica and Middletown, have insufficient farms and gardens, and the Commission feels that if advantageous prices quoted on property contiguous to the existing farms and gardens of these institutions can be obtained, no further time should be lost in adding thereto.

EPIDEMICS IN THE STATE HOSPITALS

During the year just closed the State hospitals have been specially fortunate in escaping any considerable or dangerous epidemic. Since the troublesome outbreak of diphtheria at the Willard State Hospital in 1899 the isolation buildings provided at the State hospitals have not required much use.

The single exceptions during the year have been the slight outbreaks of diphtheria at the Utica and Gowanda State Hospitals, resulting, however, in a low mortality in these institutions.

LAUNDRY FIRES

The most serious fire occurring during the year was that causing the destruction of the large laundry at the Kings Park State Hospital on the 27th of November, 1906. The loss, including clothing belonging to patients, officers and employes, was \$86,677.25. It may be stated as a general proposition that fire occurring in laundries can almost invariably be traced to the dry-rooms. In the present instance, however, the Superintendent believes the building was set on fire by a live coal discharged from a passing locomotive. Upon the assembling of the Legislature the Commission secured an emergency appropriation of \$40,000 to provide a building to replace this laundry, but up to the present time little progress has been made towards its replacement by reason of difference of opinion, as to the type and location of the building, between the State and local authorities.

INDUSTRIAL DEPARTMENTS OF THE STATE HOSPITALS

For many years past the Commission has, through the agency of a special fund appropriated by the Legislature, maintained in a few of the hospitals industrial departments permitting them to supply their needs and those of sister hospitals in the line of certain staples, such as soap, coffee, spices, butter, footwear, etc. All of the printing required at the different hospitals has been supplied at one institution: all the coffee has been bought in the green berry, roasted and supplied to all of the institutions from one central point, with obvious financial advantage to these institutions. The Legislature, during the last session, however, decided to discontinue the use of this special fund for the purposes heretofore used, and under its direction the Commission is now continuing a few of the larger manufacturing departments from the maintenance fund appropriated for these hospitals. It is the

belief of the finance committee of the Legislature that a more accurate account will thus be kept of the cost of maintaining these departments with a view of further proving their financial advantage. Detailed figures upon this point will probably be ready for submission to the Legislature during the coming session.

Deportation
of defectives

While, as above indicated, the Commission believes that the marked financial advantage resulting from their operation has justified their continuance, one element should not be lost sight of in the consideration of this question, namely, that the manufacturing departments give employment to a considerable number of patients and may thus be regarded as a notable curative agent.

ALIEN AND NON-RESIDENT INSANE

Recent government statistics show the extent of the burden imposed upon the State of New York from the influx of undesirable immigrants pouring into this country through Ellis Island. With an addition of from 1,000,000 to 1,250,000 immigrants annually and with thirty per cent of this number declaring it to be their intention to permanently settle in the State of New York, it can be easily understood that recruited, as many of these immigrants are, from the poorest sections of Europe, the already large army of defectives in this State is sure to be markedly augmented. It is the imperative duty of the State authorities to provide the necessary means, by inspection at the port of New York, as well as at the different institutions for the insane, to minimize this evil. The Commission, with the aid afforded it by the Legislature in providing a State Board of Examining Alienists in the city of New York, has already accomplished a great deal, but without further restrictions to be imposed by the United States Department of Commerce and Labor and a stricter interpretation of existing statutes, it is doubtful if any considerable relief from present conditions can be expected.

Nevertheless a great step forward was taken by the national authorities in the enactment of the Immigration Law of 1907, and the Commission, for the information of the Legislature and special students of the subject, here inserts such provisions of the act as pertain specially to the defective classes:

The following classes of aliens are excluded from admission into the United States: "All idiots, imbeciles, feeble-minded persons, epileptics, insane persons, and persons who have been insane within five years previous; persons who have had two or more

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attacks of insanity at any time previously; * * * persons not comprehended within any of the foregoing excluded classes who are found to be and are certified by the examining surgeon as being mentally or physically defective, such mental or physical defect being of a nature which may affect the ability of such alien to earn a living." The act also provides "that the decision of a board of special inquiry, based upon the certificate of the examining medical officer, shall be final as to the rejection of aliens affected with any mental or physical disability which would bring such aliens within any of the classes excluded from admission to the United States. The physical and mental examination of all arriving aliens is made by medical officers of the United States Public Health and Marine Hospital Service, who shall have had at least two years' experience in hospital or clinical practice since receiving the degree of doctor of medicine and who shall certify for the information of the immigration officers and the boards of special inquiry hereinafter provided for, any and all physical and mental defects or diseases observed by said medical officers in any such alien. * * * All aliens brought to this country in violation of law shall *if practicable*, be immediately sent back to the country whence they respectively came on the vessels bringing them. The cost of their maintenance while on land, as well as the expense of the return of such aliens, shall be borne by the owner or owners of the vessels on which they respectively came. * * * Upon the certificate of a medical officer of the United States Public Health and Marine Hospital Service to the effect that the health or safety of an insane alien would be unduly imperiled by immediate deportation, such alien may, at the expense of the 'immigrant fund,' be held for treatment until such time as such alien may, in the opinion of such medical officer, be safely deported. That any alien who shall enter the United States in violation of law, and such as become public charges from causes existing prior to landing, shall upon the warrant of the Secretary of Commerce and Labor, be taken into custody and deported to the country whence he came at any time within three years after the date of his entry into the United States. Such deportation, including one-half of the entire cost of removal to the port of deportation, shall be at the expense of the contractor, procurer, or other person by whom the alien was unlawfully induced to enter the United States, or, if that can not be done, then the cost of removal to the port of deportation shall be

at the expense of the 'immigrant fund,' and the deportation from such port shall be at the expense of the owner or owners of such vessel or transportation line by which such alien respectively came: Provided, That pending the final disposal of the case of any alien so taken into custody he may be released under a bond in the penalty of not less than five hundred dollars with security approved by the Secretary of Commerce and Labor, conditioned that such alien shall be produced when required for a hearing or hearings in regard to the charge upon which he has been taken into custody, and for deportation if he shall be found to be unlawfully within the United States.

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"That in case the Secretary of Commerce and Labor shall be satisfied that an alien has been found in the United States in violation of this act, or that an alien is subject to deportation under the provisions of this act or of any law of the United States, he shall cause such alien within the period of three years after landing or entry therein to be taken into custody and returned to the country whence he came, and a failure or refusal on the part of steamship companies to return to the country whence he came any alien ordered to be deported under the provisions of the act is to be punished by a fine of not less than three hundred dollars for each and every such offense. When in the opinion of the Secretary of Commerce and Labor the mental or physical condition of such alien is such as to require personal care and attendance, he may employ a suitable person for that purpose, who shall accompany such alien to his or her final destination, and the expense incident to such service shall be defrayed in like manner. * * * Either the alien or any dissenting member of the said board may appeal through the Commissioner of Immigration at the port of arrival and the Commissioner-General of Immigration to the Secretary of Commerce and Labor, and the taking of such appeal shall operate to stay any action in regard to the final disposal of any alien whose case is so appealed until the receipt by the Commissioner of Immigration at the port of arrival of such decision which shall be rendered solely upon the evidence adduced before the board of special inquiry. * * * That any alien liable to be excluded because likely to become a public charge or because of physical disability other than tuberculosis or a loathsome or dangerous contagious disease may, if otherwise admissible, nevertheless be admitted in the discretion of the Secretary of Commerce and Labor upon the giving of a suitable and proper bond or under-

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taking, approved by said secretary in such amount and containing such conditions as he may prescribe, to the people of the United States, holding the United States or any State, harmless against such alien becoming a public charge. The admission of such alien shall be a consideration for the giving of such bond or undertaking. Suit may be brought thereon in the name and by the proper law officers either of the United States government or of any State, Territory, district, county or municipality in which such alien becomes a public charge."

REPORT OF THE STATE BOARD OF ALIENISTS

The report of the newly created Board of Alienists or inspectors of immigration at Ellis Island, which appears in the succeeding pages, shows that its activities have been well directed and highly successful during the year. Two hundred and twenty-two alien defectives have been returned to their former homes in Europe, and, in addition, fifty-two persons are reported by that board as having been returned to other States at the expense of the State of New York or from private funds.

The Commission presents, in the following table, a complete statement of all aliens and non-residents deported during the year, under its immediate direction, the total number, 522, including the numbers deported and removed to other States by the State Board of Alienists as well as those removed from institutions through the initiative of the respective hospital superintendents as well as of the Commission.

ALIENS DEPORTED AND NON-RESIDENTS REMOVED, OCTOBER 1, 1906, TO OCTOBER 1, 1907 1, Deportation of defectives

ALIENS		NON-RESIDENT	
Argentine Republic	1	California	2
Austria	22	Connecticut	22
Bohemia	4	District of Columbia	8
British America	1	Georgia	1
Canada	16	Illinois	5
China	2	Indian Territory	1
Denmark	2	Indiana	1
England	12	Iowa	2
Finland	8	Kansas	1
France	3	Kentucky	1
Germany	65	Louisiana	1
Greece	6	Maine	1
Holland	1	Maryland	4
Hungary	33	Massachusetts	18
Ireland	34	Mexico	1
Italy	57	Michigan	3
Maderia	1	Missouri	3
Norway	4	Montana	1
Nova Scotia	2	New Jersey	47
Poland	4	North Carolina	2
Portugal	4	Ohio	7
Roumania	1	Pennsylvania	21
Russia	42	Rhode Island	2
Scotland	3	South Carolina	5
Spain	2	South Dakota	1
Sweden	11	Tennessee	1
Switzerland	1	Texas	1
Syria	1	Vermont	2
Turkey	2	Virgina	5
West Indies	7		
	—	Total	170
Total	*352		

* Includes cases removed by hospitals independently.

STATE BOARD OF ALIENISTS

ANNUAL REPORT FOR THE YEAR ENDING SEPTEMBER 30, 1907

Of recent years the statistics of the public institutions for the insane in Great Britain have shown that there has been an increase in the number of the indigent insane of alarming proportions. On the other hand, it was found that the percentage of the insane drawn from the middle and upper classes had not increased materially within the past fifty years. In other words, the increase of insanity in the populations at large had been confined to the laboring classes. There is no information at hand from other European countries, but very likely the same rule holds true throughout Europe. We think this explains the disproportion which exists in this country between the number of insane people of foreign birth and those of native birth, namely, because our immigration is drawn almost exclusively from the indigent classes. Few dispute that this exists, and the special report of the United States Census Office (1904), concerning the insane and feeble-minded of the country proves conclusively that it exists.

To return those insane aliens who landed in violation of law or whose insanity arose from causes existing prior to landing, this Board has continued, under the direction of the State Commission in Lunacy, to deport all such cases as could justifiably be handled under the provisions of the United States Immigration Law. Last year we drew attention to the fact that a large proportion of these cases were insane in Europe; that some were epileptics prior to landing; and that the remainder were feeble-minded or "Always queer," and that they all sprang from a class unable to reimburse the State for care and maintenance.

That the class of immigrants is not improving, and, in fact, is deteriorating, is indicated by the fact that this year we investigated the cases of more than three hundred (300) indigent insane immigrants and actually secured the deportation of two hundred and twenty-two (222) cases. The increase this year in the actual number of those deported is seventy-three (73), or fifty per cent. (50%). At this point attention might be drawn to the fact that the number of debarments of this class is steadily increasing

at Ellis Island, and this year the number of insane and feeble-minded rejected at this port will approach three hundred (300). This shows the same substantial increase over last year. No doubt these figures will be appreciably increased when the observation wards are in use at Ellis Island. It is hoped that these will be made of value within the next two or three months.

The importance of this work as a whole will be shown when attention is drawn to the fact that of approximately one hundred and seventy thousand (170,000) aliens, over the age of fourteen (14), admitted at this port, destined to New York city (whence we obtain our cases), one in five hundred and fifty (550) becomes a public charge by reason of insanity within one year after landing. If it can be proven that the same percentage continues to become insane in after years the enhancing gravity of the situation will be notable. However, it can well be borne in mind that the importance of this subject does not cease with the actual number of those of this class which become public charges, but the mental condition and the future of the offspring of these people can well be conjectured.

The attached tables show that the work of this Board in this respect and in others has increased considerably during the year just ended. Through our efforts the State was relieved of the burden of caring for nearly four hundred (400) insane persons, in addition to which we investigated and referred to other departments twenty (20) non-residents and fifty-six (56) aliens. Many of these were returned to their homes by the proper authorities.

At the end of the year we still have under investigation eighty-four (84) cases, and we have under certificate awaiting action of the Department of Commerce and Labor fifty-five (55) cases. Our work has been done mostly in New York city although we assisted in looking up cases for many of the institutions in other parts of the State.

In regard to the Department of Commerce and Labor it might be stated that several points have come up with them which are worthy of note. In the first place it now takes that department a much longer time than formerly to investigate and dispose of these alien cases. In many instances cases of this character are held in the State institutions for more than six months. Undoubtedly it is not well to act hastily or without justification, but sometimes it would seem that the delay is of extreme character. During the past year the surgeon-general's office has inaugurated the rule

Deportation
of defectives

Deportation
of defectives

that in all possible instances the certified aliens should be visited and their cases investigated by the Marine Hospital Surgeons. This, on the whole, has proven to be quite desirable from the view point of the State. For, while in a half dozen instances it has resulted in the refusal of the Immigration Department to deport the aliens, on the other hand it has resulted, in the great majority of cases, in the surgeons of the Marine Hospital Service agreeing in our contention that the cases should be deported under the law. The work of this Board at Ellis Island has been continued in co-operation with the local staff, and the obtaining of information beneficial to the State in securing the verification of doubtful cases and their deportation. Of the number held for a thorough examination of their mental condition about five per cent (5%) were debarred. The Department of Commerce and Labor are devoting increased attention to this class of defectives and the addition of more suitable observation wards promises an increase in the number of cases discovered and more satisfactory accommodations for their care and treatment during the period of detention.

Owing to the last modification of the State Insanity Law this Board has pursued the work of securing the return of non-residents to their homes. In this way we have returned more than fifty (50) insane people during the past year. Your attention is respectfully drawn to the fact that of this number about one-third was disposed of by this Board by negotiating with their friends who removed them to their homes prior to commitment. The disposal of many non-resident cases has been withheld through inability on our part to get the local authorities of some of the States to accept cases which seems to us proper residents of their several localities. Two States nearest at hand would seem to be the most serious offenders in this respect, and we have about decided to take up the matter with the Governors of these States, unless directed otherwise by the Commission.

We beg to attach the general statistical table for the year and others showing the nationality of those deported, and the length of time they have been in this country.

Respectfully submitted,

(Signed.)

SIDNEY D. WILGUS,

Chairman.

NATIONALITY OF THOSE DEPORTED YEAR ENDING SEPTEMBER 30, 1907 Deportation of defectives

Italy	36
Ireland	19
West Indies	5
Switzerland	1
Russia	49
Germany	19
Finland	3
Norway	4
Sweden	6
Austro-Hungary	50
France	5
Spain	1
Greece	3
Denmark	2
England	8
Roumania	4
Japan	1
Portugal	1
Scotland	2
Bulgaria	1
Canada	1
United States of Colombia	1
Total	222

STATISTICAL TABLE SHOWING DISPOSITION OF CASES YEAR ENDING SEPTEMBER 30, 1907

Deported on orders from the Department of Commerce and Labor	222
Deported at expense of friends	28
Deported at expense of State	20
Non-residents returned at expense of friends	29
Non-residents returned at expense of State	23
Removed from custody as public charges by friends	70
Landing verified but died in hospitals	28
Landing verified but found to be citizens	21
Landing verified but here over legal deportation period	50
Landing verified but too ill for removal	4

Deportation
of defectives

Investigation negative, verification unobtainable.....	105
Non-residents investigated and referred to other departments,	20
Aliens investigated and referred to other departments.....	56
Under investigation September 30, 1907.....	84
Under certification September 30, 1907.....	55
Total	815

**TIME IN UNITED STATES OF THOSE DEPORTED YEAR ENDING
SEPTEMBER 30, 1907**

Became public charges

Under 1 month.....	24
From 1 to 3 months.....	23
From 3 to 6 months.....	26
From 6 to 9 months.....	35
From 9 to 12 months.....	30
From 12 to 15 months.....	24
From 15 to 18 months.....	22
From 18 to 21 months.....	6
From 21 to 24 months.....	9
From 24 to 30 months.....	17
From 30 to 36 months.....	6
Total	222

ADDITIONAL PROVISION FOR THE INSANE AND EXTRAORDINARY IMPROVEMENTS TO EXISTING ESTABLISHMENTS

In the succeeding pages the Commission presents, first, the original requests of the managers of each State hospital for legislative appropriations for local improvements regarded as necessary or desirable. These lists were submitted to the Commissioners at the time of their fall inspection, and a careful and detailed investigation was made as to the necessity of each improvement as well as to the reasonableness of the estimated cost. The reductions or changes made by the Commission will be found noted at the close of each hospital list.

While the aggregate of the appropriations recommended by the Commission seems large, it must be borne in mind that a provision for additional capacity to the extent of 646 beds is proposed thereby; and that some of the older establishments require very considerable additions and renewals to keep them even on an available or serviceable basis. The Commission stands ready to submit suitable arguments in support of all of the items recommended and earnestly hopes that the Legislature will find the means to provide for each improvement recommended.

UTICA STATE HOSPITAL

(ORIGINAL LIST)

Cold storage and ice plant.....	\$25,000 00
Cement walks and gutters (new buildings and front of hospital).....	1,500 00
Urns for dining-rooms in main hospital.....	1,260 00
Forcing house	2,789 00
New laundry and outfit.....	60,000 00
Renewal of infirmary plumbing	900 00
Operating-room or building.....	8,000 00
Hydrotherapeutic and electrical outfit (acute hos- pital)	2,371 50
Furnishings (acute hospital).....	7,500 00

Extraordinary improvements of the State hospitals	Kitchen outfit (acute hospital).....	\$1,600 00
	Gates for new buildings.....	260 00
	Crushed stone for roads.....	600 00
	Furniture, third story Nurses' home.....	3,000 00
	"Economical" vegetable peeling machine and motor.....	300 00
	Addition to heninery.....	495 00
	Reconstruction of Ward 4.....	2,410 00
	Line fence.....	870 00
	Potato digger.....	125 00
	Land.....	40,000 00
	Telephone cable to new buildings.....	190 00
	Sandstone blocks for front of storehouse.....	120 00
	Cloth-cutting machine.....	350 00
	New roof on horse barn.....	639 00
	Extraordinary painting.....	2,037 45
	Extraordinary roof repairs.....	1,277 56
Total.....		<u>\$163,594 51</u>

(REVISED LIST)

Cold storage and ice plant.....	\$25,000 00
Crushed stone, cement walks and gutters.....	2,100 00
Urns for dining-rooms in main hospital.....	1,260 00
New laundry and equipment.....	61,000 00
Renewal of infirmary plumbing.....	2,000 00
Operating room in Acute Hospital, and equipment..	2,000 00
Furniture, third story Nurses' Home.....	2,000 00
Reconstruction of Ward 4.....	2,410 00
Line fence.....	870 00
Land.....	40,000 00
Telephone cable to new buildings.....	190 00
New roof on horse barn.....	639 80
Extraordinary painting and roof repairs.....	3,315 01
Total.....	<u>\$142,784 84</u>

WILLARD STATE HOSPITAL

(ORIGINAL LIST)

Extraordinary
improvements
of the State
hospitals

Ice-making apparatus, to be installed in the cold storage building	\$2,000 00
For electric power to replace old engine and dynamos worn out.....	8,500 00
New building in the garden, 25x50 feet, for storage of tools and temporary storage of garden vegetables, with concrete wall and cellar.....	650 00
Painting exterior house and outbuildings at Vine-lands, house and barns at Hillside, silos at Grange and silos at Lake Farm; also quarantine station, wards, etc., various buildings, material and labor	1,500 00
Necessary repairs to roofs (slate and tin), gutters, eave troughs, etc., etc., material and labor.....	500 00
Some of the metal and slate roofs are old, and need frequent and careful repairing.	
New and improved farming machinery.....	475 00
Extension to fruit building and basement under same, to provide for a storage of tools, temporary storage of fruits, and as a sorting-room for fruits,	600 00
Cement for walks and gutters, for completion of cement floor in Chapin House basement; also for cementing open space at rear of Chapin House opposite to entrance to main kitchen, and to cement wall north side of store building to prevent surface water entering the building where water leaks through wall of the cellar; also for extension to culvert.....	475 00
For completing and furnishing tuberculosis pavilion	8,000 00
To raise the roof of the boot-room north wing at the Maples, making the two-story building to conform to boot-rooms in other buildings on the grounds, and therefore to provide for the second-story patients of the building.....	500 00

Extraordinary
improvements
of the State
hospitals

To raise roof of lumber shed at carpenter shop so as to give additional space for storing seasoned lumber and other building material, also to renew the roof which is in very bad repair.....	\$935 00
Ambulance	300 00
The hospital at the present time has no suitable wagon to be used as an ambulance.	
Electric motor, eight to ten h. p., to operate machinery at carpenter shop.....	300 00
This would result in great convenience and the saving of approximately a ton of coal a day.	
New floors at the Pines.....	1,000 00
The floors in the dining-rooms and two of the wards have been in use over thirty-five years and are badly worn.	
Carpet-cleaning machine (compressed air), similar to the one in use at Hudson River State Hospital,	400 00
Hudson River reports as follows in regard to this machine: "There is very little wear on the carpet in any case in cleaning by compressed air, and either a door mat or a piece of fine tapestry may be cleaned with equally good results by this machine." (Star Machine Company, St. Louis, Mo.)	
To renew the several chimneys (eleven) on the store building	225 00
The bricks in these chimneys have deteriorated to such an extent as to render them unsafe. In fact one of the severe winds incidental to this section might at any time cause one or more of the chimneys to fall.	
Steel ceiling, to replace old plaster ceilings in various buildings	250 00
Lawn settee castings for fifty seats.....	75 00
Slats for these seats to be made here.	
Two incubators and two brooders, for use in connection with the extended poultry plant.....	70 00

Cider press	\$300 00	Extraordinary improvements of the State hospitals
Improvements to heating plant.....	3,500 00	
Total	<u>\$30,555 00</u>	

(REVISED LIST)

Ice-making apparatus	\$2,600 00
For electric power to replace old engine and dynamoes worn out.....	8,500 00
Storage building for tools, etc.....	1,250 00
Cement walks and gutters.....	475 00
Completing and furnishing Tuberculosis Pavilion, To raise the roof of boot-room, north wing at the Maples	8,000 00
	500 00
To raise roof of lumber shed at carpenter shop....	935 00
Ambulance	300 00
Electric motor, 8 to 10 h. p., to operate machinery at carpenter shop.....	300 00
New floors at the Pines.....	1,000 00
To renew the eleven chimneys on store building...	225 00
New steel ceilings.....	250 00
Total	<u>\$24,335 00</u>

HUDSON RIVER STATE HOSPITAL

(ORIGINAL LIST)

Nurses' home (70 nurses).....	\$35,000 00
Operating pavilion	12,000 00
Furniture and equipment for acute building.....	10,000 00
Renewal of floors and repair to trim in Main building	3,000 00
Sun-rooms, 17, 18 and 19.....	6,500 00
House for steward.....	2,500 00
Additional equipment for laundry.....	3,500 00
Heater for laundry.....	275 00
New equipment for kitchen.....	1,000 00
Fan for main kitchen.....	400 00

Extraordinary
improvements
of the State
hospitals

New furniture for wards.....	\$3,000 00
Day-rooms, Wards 27 and 28.....	5,000 00
Sun-rooms for 23 and 24.....	2,000 00
Finishing third floor of "Inwood" for nurses....	20,000 00
Furniture for addition to Nurses' home, Central Group	2,500 00
Addition to kitchen for infirmary.....	2,200 00
Porches for the cottages.....	5,000 00
Renovation of cottages.....	10,000 00
Fire-escapes at cottages.....	3,900 00
Employees' and Industrial building, cottage depart- ment	11,000 00
Painting, inside and outside.....	9,126 64
Changes in electric lighting plant.....	25,000 00
Outside lights	3,850 00
Telephone service	500 00
New power and boiler-house.....	40,000 00
New boilers	18,000 00
Force main for the cottages.....	7,750 00
Concrete reservoir	12,000 00
Extension and repairs to the Main Group boiler- house	8,000 00
New pumping engine.....	6,000 00
Sewage disposal plant.....	35,000 00
To increase capacity for storage of coal.....	6,000 00
Improvements to heating system at cottages.....	2,400 00
Repairs to docks.....	3,200 00
New floor in pumping station.....	500 00
New machinery for steam-fitting shop.....	1,260 00
Toilet-rooms, 2, 6 and 10.....	2,000 00
North wing urinals.....	800 00
Smoke stack, Administration building.....	1,000 00
Toilet-rooms, Wards 4 and 8.....	800 00
Repairs to grand stand.....	600 00
Musical instruments	2,500 00
Bowling alley and billiard-room.....	1,500 00
Recreation-rooms for women.....	800 00
Library	3,000 00
Ambulance	750 00
Electric truck	4,000 00
New roofs to ice-houses.....	800 00

Railroad station	\$1,500 00	Extraordinary improvements of the State hospitals
Track scales	1,500 00	
Stone crusher	1,600 00	
Repairs to roads and building new roads.....	3,500 00	
Walks	2,000 00	
Additional lands	10,000 00	
Cow barn	12,000 00	
Fences and drainage.....	7,000 00	
Piggery	1,200 00	
Hennery	1,000 00	
Hair cleaner and renovator.....	1,000 00	
Total		\$368,211 64

(REVISED LIST.)

Nurses' Home	\$35,000 00
Operating Pavilion	12,000 00
Renewal of floors and repairs to trim in Main building	3,000 00
Sun-rooms 17, 18 and 19.....	6,500 00
House for steward.....	3,500 00
Additional equipment for laundry.....	6,000 00
New equipment to kitchen.....	1,000 00
Fan for main kitchen.....	400 00
New ice-house	3,500 00
New furniture	3,000 00
Day-rooms, Wards 27 and 28.....	5,000 00
Sun-rooms for 23 and 24.....	2,000 00
Finishing third floor of Inwood.....	20,000 00
Furniture for third story of Inwood.....	2,500 00
Addition to kitchen for Infirmary.....	2,200 00
Porches for the cottages.....	5,000 00
Renovation of cottages.....	10,000 00
Fire-escapes at cottages.....	3,900 00
Employes' and Industrial building, Cottage depart- ment	11,000 00
Painting, inside and outside.....	9,126 64
Changes in electric-light plant.....	35,000 00
Outside lights	3,850 00
Telephone service	500 00

Extraordinary improvements of the State hospitals	New power and boiler-house.....	\$40,000 00
	New boilers.....	12,000 00
	Force main for the cottages.....	7,750 00
	Concrete reservoir.....	12,000 00
	New pumping engine.....	6,000 00
	Sewage disposal plant.....	35,000 00
	Improvements to heating system at cottages.....	2,400 00
	Repairs to docks.....	3,200 00
	New machinery for steamfitting shop.....	1,260 00
	Toilet-rooms 2, 6 and 10.....	2,000 00
	North wing urinals.....	800 00
	Smokestack, Administration building.....	1,000 00
	Toilet-rooms, Wards 4 and 8.....	800 00
	Musical instruments.....	2,500 00
	Recreation rooms for women.....	2,300 00
	Library.....	3,000 00
	Ambulance.....	750 00
	Track scales:.....	1,500 00
	Stone crusher.....	1,600 00
	Repairs to roads and building new roads.....	3,500 00
	Walks.....	2,000 00
	Additional lands.....	10,000 00
	Cow barn.....	6,000 00
	Fences and drainage.....	2,000 00
	Hair cleaner and renovator.....	1,000 00
	Total.....	<u>\$344,336 64</u>

MIDDLETOWN STATE HOSPITAL

(ORIGINAL LIST)

Increasing size of chimney stack to provide additional draft.....	\$1,125 00
Converting the basement of the amusement hall into a congregate dining-room for employes....	8,000 00
Additional accommodations for medical staff.....	34,000 00
Grading and walks around new acute building and Nurses' home.....	1,500 00
Day-rooms for annexes 1 and 2.....	20,000 00
Day-rooms for infirmary patients, Wards 11 and 12,	700 00

Piggeries	\$4,000 00	Extraordinary improvements of the State hospitals
Additional amount to convert old stable into an industrial building	1,500 00	
Walk and gutter on Monhagen avenue.....	1,200 00	
Walk or fence on Monhagen avenue.....	1,000 00	
Sewing and mending-room.....	1,000 00	
New machinery in connection with the laundry...	5,525 00	
Enlarge chapel	10,000 00	
Connecting the Nurses' home for men and the farm- er's house with the steam supply of the new chronic building	3,000 00	
For additional lights on the grounds and about the outside of the new chronic building, the acute pavilion, and the Nurses' home.....	2,200 00	
Additional land — 200 acres, at \$75.....	15,000 00	
Total	\$109,750 00	

(REVISED LIST)

Increasing size of chimney stack.....	\$1,125 00	
Converting basement of amusement hall into a con- gregate dining-room for employes.....	8,000 00	
Additional accommodations for medical staff.....	34,000 00	
Grading and walks around new acute building and nurses' home	1,500 00	
Day rooms for Annexes 1 and 2.....	15,000 00	
Day rooms for Wards 11 and 12.....	700 00	
Piggeries	1,000 00	
Conversion of old stable into industrial building..	1,500 00	
Walk and gutter on Monhagen avenue.....	1,200 00	
Walk or fence on Monhagen avenue.....	1,000 00	
Sewing and mending room.....	2,500 00	
Enlargement of chapel.....	10,000 00	
Connecting the nurses' home for men and the farmer's house with the steam supply of the new chronic building	3,000 00	
For additional lights.....	2,200 00	
Additional land, 200 acres, at \$75.....	15,000 00	
Total	\$97,725 00	

Extraordinary
improvements
of the State
hospitals

BUFFALO

(ORIGINAL LIST)

Industrial and storeroom.....	\$600 00
Additional rooms and dining-rooms, Elmwood building.....	8,300 00
Additional verandas, Wards 3, 4, 5 and 6.....	2,700 00
Sun-rooms, Ward 24, for tubercular men.....	1,400 00
Remodeling steward's cottage.....	1,500 00
Rebuilding green-houses	760 00

Machinery

Refrigerator plant	\$13,500 00
Additional dynamo and engine.....	3,400 00
Changing steam and exhaust mains.....	1,100 00
Additional switchboard	800 00
Stoker for 150 h. p. boiler.....	800 00
Coal conveyor	3,500 00
Railroad track scales.....	1,500 00
Handkerchief mangle, 75 inches, for underwear...	300 00
Collar and cuff shaper.....	40 00

Fixtures

Additional electric light chandeliers, men's wards..	\$350 00
Cabinets for water-closets, Wards 26, 27, 28, 29..	150 00
New water main to outbuilding 6, "instead of 3".	1,650 00
Cement walks	1,300 00
New veranda roofs, Wards 19 and 20.....	600 00
New roof on piggery.....	550 00
Towers for toilet fixtures, 24, 25, 30, 31.....	1,600 00
Drill press, engineer's department.....	100 00
New boiler-room roof extension.....	4,000 00
Rebuilding main steam pipe and foundations through tunnel to Main building.....	600 00

Total	\$51,100 00
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(REVISED LIST)

Industrial and storeroom.....	\$1,000 00
Addition to Elmwood building.....	15,000 00
Additional verandas, Wards 3, 4, 5 and 6.....	2,700 00

Sun-rooms, Ward 24.....	\$2,250 00	Extraordinary improvements of the State hospitals
New cottage for steward.....	10,000 00	
Rebuilding green-houses.....	300 00	
Refrigerator plant.....	19,000 00	
Additional dynamo and engine.....	3,750 00	
Changing steam and exhaust mains.....	1,100 00	
Additional switchboard.....	800 00	
Stoker for 150 h. p. boiler.....	1,000 00	
Coal conveyor.....	4,000 00	
Railroad track scales.....	1,500 00	
Handkerchief mangle.....	300 00	
Additional electric light chandeliers.....	350 00	
New water main to outbuildings.....	1,650 00	
Cement walks.....	1,300 00	
New veranda roofs, Wards 19 and 20.....	600 00	
New boiler-room roof extension.....	5,000 00	
Rebuilding main steam pipe and foundations through tunnel to Main building.....	800 00	
Total.....	<u>\$72,400 00</u>	

BINGHAMTON STATE HOSPITAL

(ORIGINAL LIST)

Surgical pavilion and chemical laboratory.....	\$15,000 00
Renewal of window casings and sash throughout the south wing of the Main building.....	3,200 00
Addition to the Parkhurst cottage for the accommo- dation of twelve additional patients.....	4,500 00
Enlargement of cold storage facilities.....	3,000 00
Glass-enclosed verandas for the West building....	1,100 00
Glass-enclosed verandas for Wards 5 and 6.....	2,000 00
Electric truck.....	3,600 00
Larger storehouses.....	5,000 00
New cottage for farmer.....	2,500 00
Alterations in the farmer's cottage to provide for physicians' residence.....	1,000 00
Removal of the florist's house.....	500 00
Telephone connections with the acute building, the South and West buildings, Sunnyside cottage and the water-works.....	2,500 00

Extraordinary improvements of the State hospitals	Drinking fountains	\$600 00
	Vitrified pipe for sewer and surface water disposal,	500 00
	Additions to pig pen	1,000 00
	Steam road roller	2,000 00
	Teamsters' quarters	750 00
	Cementing cellar bottom of East building	550 00
	Lumber-drying kiln	1,000 00
	Ice-house at Parkhurst farm	400 00
	Extension of fire-alarm system	615 00
	Renewal of roofs of cottage and barns at the Park- hurst farm	1,000 00
	Alterations in North building to adapt it to the use of women	2,735 00
	Repairs to Ward 3	1,800 00
	Total	<u>\$56,850 00</u>

(REVISED LIST)

Chemical laboratory	\$2,000 00
Addition to the Parkhurst cottage for accommoda- tion of twelve additional patients	4,500 00
Enlargement of cold storage facilities	3,000 00
Glass enclosed verandas, West building	1,100 00
Glass enclosed verandas, Wards 5 and 6	2,000 00
Electric truck	3,600 00
Farmer's cottage	2,500 00
Larger storehouse	5,000 00
Alterations in Farmer's cottage to provide for Physicians' residence	1,000 00
Removal of Florist's house	500 00
Drinking fountains	600 00
Vitrified pipe for sewer and surface water disposal,	500 00
Addition to pig pen	1,000 00
Steam road roller	2,000 00
Repairs to Ward 3	1,800 00
Teamsters' quarters	750 00
Cementing cellar bottom of East building	550 00
Lumber drying kiln	1,000 00
Ice-house at Parkhurst farm	400 00
Extension of fire-alarm system	615 00

Renewal of roofs of cottage and barns, Parkhurst farm	\$1,000 00	Extraordinary improvements of the State hospitals
Renewal of heating system, Main building	6,000 00	
Additional fire protection	3,000 00	
Total	<u>\$44,415 00</u>	

ST. LAWRENCE STATE HOSPITAL

(ORIGINAL LIST)

Addition to farm, 300 acres	\$18,000 00
Cottage to accommodate 150 men patients; now temporarily provided for at Group 3	75,000 00
Dormitory for employes at Inwood (Tuberculosis Pavilion), Group 3 and other employes, to accommodate one hundred and twenty (120) employes	75,000 00
Enlargement of two dining-rooms in Central Group, Improvements in dairy barn, according to recommendations made by the United States Department of Agriculture	8,000 00
Trees and shrubs	3,200 00
Improvements to roads and walks	500 00
Farm fencing	1,000 00
Additional renewals of plumbing	600 00
Total	<u>\$182,800 00</u>

(REVISED LIST)

Addition to farm, 300 acres	\$18,000 00
Dormitory for employes at Inwood	15,000 00
Enlargement of two dining-rooms, Central Group, Improvements in dairy barn	8,000 00
Trees and shrubs	3,200 00
Improvements to roads and walks	500 00
Farm fencing	1,000 00
Additional renewals to plumbing	600 00
Total	<u>\$47,800 00</u>

ROCHESTER STATE HOSPITAL

(ORIGINAL LIST)

Construction and equipment of a dispensary and chemical laboratory	\$5,700 00
Propagating house, 1,700 square feet, with hot frames	1,300 00
Repairs to refrigerator plant	1,200 00
Tile floors for lavatories and kitchens	5,000 00
Painting interior walls of new buildings	8,500 00
Verandas and sun-rooms for the isolation cottage . .	4,500 00
Laundry dryers	1,885 00
Painting outside wood and metal work	7,500 00
Improvements of patients' apartments at Lake farm,	7,500 00
Mortuary and autopsy room	7,000 00
Steam line to shops and stable	8,400 00
Deafening ceilings in new buildings	5,000 00
Building for industries	8,000 00
Greenhouse	3,000 00
Sun-rooms for the women's building	5,800 00
Amusement hall	25,000 00
For sewage disposal	7,000 00
Additional land	30,000 00
Barns at the Lake farm	2,500 00
Buildings for 250 patients	137,500 00
Total	<u>\$282,285 00</u>

(REVISED LIST)

Construction and equipment of a dispensary and chemical laboratory	\$5,700 00
Propagating house, 1,700 square feet, with hot frames	3,000 00
Repairs to refrigerator plant	1,200 00
Tile floors for lavatories and kitchens	5,000 00
Painting interior walls of new buildings	8,500 00
Verandas and sun-rooms for Isolation cottage . . .	6,000 00
Laundry dryers	2,000 00
Painting outside wood and metal work	7,500 00
Improvement of patients' apartments at Lake farm,	7,500 00
Mortuary and autopsy room	8,000 00

Steam line to shops and stable.....	\$8,400 00	Extraordinary improvements of the State hospitals
Deafening ceilings in new buildings.....	5,000 00	
Building for industries.....	10,000 00	
Greenhouse	3,000 00	
Sun-rooms for Women's building.....	7,000 00	
Amusement hall	27,000 00	
Sewage disposal	7,000 00	
Additional land	30,000 00	
Barns at Lake farm.....	2,500 00	
Total	\$154,300 00	

KINGS PARK STATE HOSPITAL

(ORIGINAL LIST)

Additional building for acute and hospital cases, 80 patients	\$80,000 00
Improving employes' quarters at the stable.....	500 00
Purchase of additional land.....	15,000 00
Administration building and additional accommo- dations for medical staff.....	25,000 00
Steel ceilings for wards.....	1,500 00
For constructing cement walks.....	900 00
Betterment of serving room accommodations at group, including building and equipment.....	4,200 00
Sewage disposal system, additional funds.....	30,000 00
(Thirty thousand dollars has been pre- viously appropriated for this purpose, but it is estimated that \$50,000 will be required.)	
Extension of water supply system and overhauling present system	10,500 00
Additional funds for building a one-story laundry..	10,000 00
(Forty thousand dollars has been previously appropriated, but it is estimated that it will require \$50,000 for same.)	
New laundry machinery and equipment.....	18,000 00
Broken trap rock for recovering and repairing main driveway of hospital, 714 cubic yards, f. o. b. hospital	1,424 91

Extraordinary
improvements
of the State
hospitals

Building for industries, steam heat, light, electrical connections and finished basement.....	\$30,000 00
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We assume that a four-story building, with basement, made of cement, etc., would cost \$26,000. We have allowed \$4,000 for heating, lighting, cables, shafting, etc., necessary to fit up the building.

Disinfecting chamber, steam machine, five feet in diameter, circular type, etc., including building and machine; to be placed in connection with the laundry	1,900 00
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Rearranging basement of dairy barn for the storage of farm implements, wagons, etc., and repairing the cow and horse stalls, and other minor repairs at dairy barn.....	50 00
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Atlas Portland cement, fifteen barrels.....	33 75
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Water mains and hose connections for sprinklers for new lawns at Nurses' Home.....	300 00
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Installing pumping plant, with pressure tank of 2,000 gallons capacity, and an open discharge tank of 1,500 gallons capacity, connected with a duplex pump	1,600 00
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Repairs to six Springfield elevators in the dining-rooms of the four brick buildings — "A," "B," "C" and "D" kitchens.....	650 00
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Two extra boilers for high and low pressure service at the main boiler-house.....	6,000 00
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Painting, inside and outside.....	5,000 00
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Paint steel ceilings of Group dining-room, side walls and ceilings of Wards 47, 48 and 49, and varnishing the interior wood-work of same.

Changing the locks on corridor doors connecting wards; also the doors leading out of doors in all the buildings and the men's and women's cottages, morgue, tin shop, paint shop, tailor shop, blacksmith shop, green-house, storehouse, kitchens, bakery, laundry, stable, soap factory, machine shop, carpenter shop, tool and oil-house, piggery, dynamo-room, electrician's shop and fire-house, a total of 441 locks to a heavy bitted key, the same as is now used in the Nurses' Home and at Cen-

tral Islip, so that a key of a uniform pattern, operated by the same master key, will be used on all the buildings of the hospital.....	\$1,455 30	Extraordinary improvements of the State hospitals
For renewing the present steam conduit from the Group boiler-house to the main conduit at Ward 48	490 00	
Permanent boiler-house instead of auxiliary plant at Group	60,000 00	
Stand-pipe for fire protection in the Superintendent's house	204 00	
Stand-pipe for storehouse, with two hose connections, one on the first and one on the second floors	185 78	
Hydrant to be located in the rear of the stable and new water line.....	510 29	
Fire hydrant in front of the Superintendent's house. Estimated cost	205 00	
The fire hydrant located between the Superintendent's residence and the stable is inadequate for the proper protection of the Superintendent's residence, therefore, it is desired to place an additional hydrant in front of the house.		

Total	\$305,609 03
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(REVISED LIST)

Additional building for acute and hospital cases, 100 patients	\$100,000 00
Additional land	15,000 00
Administration building and additional accommodations for medical staff.....	25,000 00
Steel ceilings for wards.....	1,500 00
Constructing cement walks.....	1,500 00
Betterment of serving-room accommodations at Group, including building and equipment.....	4,200 00
Sewage disposal system, additional amount.....	20,000 00
Extension of water-supply system and overhauling present system	10,500 00
Broken trap rock for main driveway.....	1,424 91
New amusement hall.....	25,000 00

Extraordinary
improvements
of the State
hospitals

Water mains and hose connections for sprinklers for new lawns at nurses' home.....	\$300 00
Installing pumping plant and repairs to elevators..	2,250 00
Painting, inside and outside.....	5,000 00
Changing lock system.....	1,455 30
Renewing steam conduit.....	490 00
Permanent boiler plant	60,000 00
Fire protection	1,100 00
Total	<u>\$274,720 21</u>

MANHATTAN STATE HOSPITAL

(ORIGINAL LIST)

Additions and changes to the electric-lighting plant,	\$2,200 00
Road construction	1,000 00
Nurses' Home	85,000 00
Area around Annex building	2,000 00
Furniture	2,500 00
Placing wires underground	10,000 00
Roofs for pavilions	1,200 00
New beds to replace old ones	11,000 00
Cement sidewalks	1,000 00
Renewal of steam lines, East building and Men's home, east	9,000 00
Window screens	3,400 00
Cement city and coal docks	2,000 00
Extension to hennerly	1,000 00
Carpenter shop	2,600 00
Paint shop	500 00
Annihilator mangle	2,450 00
Total	<u>\$136,850 00</u>

(REVISED LIST)

Additions and changes to electric-light plant.....	\$2,200 00
Road construction	2,000 00
Area around Annex building.....	2,500 00
Furniture	2,500 00
New beds to replace old ones.....	11,000 00

Cement sidewalks	\$1,000 00	Extraordinary improvements of the State hospitals
Renewal of steam lines, East building and Men's home, east	9,000 00	
Window screens	3,400 00	
Cement city and coal docks.....	1,500 00	
Extension to hennery.....	1,500 00	
Carpenter shop	2,900 00	
Paint shop	700 00	
Additional laundry equipment, including mangle..	4,100 00	
Additional accommodations for medical staff.....	12,000 00	
Renovation of cold storage building and addition to capacity ..	10,000 00	
Roofs for pavilions.....	750 00	
Total ..	<u>\$67,050 00</u>	

CENTRAL ISLIP

(ORIGINAL LIST)

Group for acute and curable cases.....	\$200,000 00
Attendants' Home, capacity 200	100,000 00
Two horizontal tubular boilers, 100 horse power, in- stalled complete, to replace boilers Nos. 3 and 4, North colony power plant	4,900 00
Painting the interior of certain wards of Groups G, H and I	1,400 00
Extension to and replacement of old buildings of hennery	500 00
Ten washing machines in laundry.....	5,500 00
Cement walks	1,000 00
Glass enclosures for verandas at the South colony..	2,100 00
Renewing flooring in Group A, Wards 1, 2 and 3; Group B, Wards 1, 2 and 3; Group D, Ward 2; Group E, Wards 1, 2 and 3; Group F, Ward 1 (upper flooring, 21,300 square feet; under floor- ing, 41,000 square feet; floor beams, 3,100 square feet)	1,500 00
Fire hose, 2-inch, with couplings, 800 feet.....	248 00
Fire-house (cement blocks)	4,000 00
Change in heating system, Attendants' House, North colony	2,000 00

Extraordinary
improvements
of the State
hospitals

Furniture for extension to Staff-house.....	\$350 00
New furniture for wards	2,000 00
Four fire-escapes, two-story, Kirker-Bender, \$800 each	3,200 00
New hospital ward — alteration and equipment, Ward H-5	1,275 00
Extension to laundry for drying-room.....	3,600 00
Total	<u>\$333,573 00</u>

(REVISED LIST)

Group for acute and curable cases.....	\$100,000 00
Attendants' home, capacity 200.....	100,000 00
Two horizontal tubular boilers, 100 horse power, to replace boilers 3 and 4, North colony power plant,	4,900 00
Painting interior of wards of Groups G, H and I..	1,400 00
Ten washing machines in laundry.....	5,500 00
Cement walks	1,000 00
Glass enclosures for verandas, South colony.....	2,100 00
Renewal of flooring.....	1,500 00
Fire house and additional apparatus.....	4,248 00
Change in heating system, attendants' house, North colony	2,000 00
Furniture for extension to staff house.....	350 00
New furniture for wards.....	2,000 00
Four fire-escapes, two-story, Kirker-Bender, \$800 each	3,200 00
New hospital ward — alteration and equipment, Ward H-5	1,275 00
Improvements of laundry drying-room.....	6,000 00
Electric fans for kitchens.....	405 00
Total	<u>\$235,878 00</u>

GOWANDA STATE HOMEOPATHIC HOSPITAL

(ORIGINAL LIST)

Acute Hospital	\$85,000 00
Cold storage	25,000 00
Farm (eighty acres)	10,000 00

Engine and dynamo.....	\$5,000 00	Extraordinary improvements of the State hospitals
Electric fans for hospital wards	200 00	
Walks and drives	1,000 00	
Storage reservoir	5,000 00	
Water softener for laundry	2,000 00	
Purifying pans for Hoppe's purifiers	450 00	
Drain tile (4,000 feet) to drain field in vicinity of Superintendent's residence and Staff-house..	400 00	
Root cellar	1,000 00	
To construct covered corridor between annex and east and west wings	800 00	
Subway for electric cables from power-house to Superintendent's residence and Staff-house....	500 00	
Industrial shop	3,000 00	
Furniture for Acute Hospital	5,000 00	
Medical supplies and apparatus	500 00	
Guards over porches for Wards 15 and 16.....	600 00	
Machinery for tin shop	225 00	
Platform scales	225 00	
Total	\$145,900 00	

(REVISED LIST)

Acute Hospital	\$100,000 00
Cold storage	25,000 00
Farm (80 acres).....	10,000 00
Engine and dynamo.....	5,000 00
Electric fans for hospital wards.....	200 00
Walks and drives.....	1,000 00
Storage reservoir.....	10,000 00
Water softener for laundry.....	2,000 00
Purifying pans for Hoppes' purifier.....	450 00
Four thousand feet drain tile to drain field in vicinity of Superintendent's residence and Staff house	600 00
Construction of covered corridor between annex and east and west wings.....	250 00
Subway for electric cables from power-house to Superintendent's residence and Staff house....	1,500 00
Industrial shop	3,000 00

Extraordinary improvements of the State hospitals	Medical supplies and apparatus.....	\$500 00
	Guards over porches for Wards 15 and 16.....	600 00
	Total	<u>\$160,100 00</u>
	Total of original requests.....	<u>\$2,167,078 18</u>
	Total of items approved by Commission.....	<u>\$1,665,844 69</u>

General

Emergencies	270,000 00
Furniture for Acute building, Middletown.....	11,000 00
Furniture for Acute building, Binghamton.....	11,000 00
Furniture for Acute building, Hudson River....	11,000 00
Furniture for addition to Nurses' Home, Pough- keepsie	5,700 00
New laundry equipment, Willard State Hospital,	6,575 00
New site for State hospital in southeastern part of New York	120,000 00
Grand total recommended by the Commis- sion	<u>\$2,101,119 69</u>

SUPERVISING ENGINEER

The Commission regrets that the Legislature at its last session deemed it necessary to refuse a request for the requisite funds to employ a competent supervising engineer to act in an advisory character in providing a proper and economical administration of the great heating plants of the thirteen State hospitals representing an investment of \$1,000,000. The temporary engagement of an engineer during the years 1905 and 1906 easily demonstrated the necessity of such an adjunct to the Commission's working force, and in one instance, by suggestions made by him, the incumbent saved practically an equivalent of one-half of the salary allowed him. In the interest, therefore, of improved administration the Commission renews its earnest request for an appropriation for this purpose.

THE ESTABLISHMENT OF A NEW HOSPITAL IN THE SOUTHEASTERN PART OF THE STATE

In compliance with the recommendations contained in previous reports of the Commission the Legislature, at its last session, appropriated, by chapter 524, the sum of \$1,000 for the expenses of the Commissioners in locating a site for a new hospital for the insane "at some place in the counties in the southeastern part of the State, in the vicinity of the city of New York." It was further provided that "such site shall be convenient of access, either by rail or water, or both. The lands so selected shall comprise not to exceed one thousand acres."

An additional section of the law provided that:

"The Commission shall make a report to the Legislature of nineteen hundred and eight, containing (1) a detailed description of the lands so selected, with its reasons why such lands are appropriate and available for the site of a State hospital for the insane; (2) the price and terms for and upon which such lands may be purchased; and (3) the estimated value of the lands not contracted to be sold to the State. There shall be attached thereto copies of the contracts for the sale of lands made as provided herein, and the opinion of the Attorney-General as to the title of the lands so selected, with a copy of the abstract of such title transmitted by him."

This appropriation became available June 17, 1907.

Owing to the resignation of the former President of the Commission, Dr. Pilgrim, in May, and the non-appointment of his successor until the close of September, the Commissioners deferred active personal investigation of certain of the sites known to be available for State institutions until the late fall. An interesting feature of the situation was that the sites for four State institutions were being sought for at the same time, *i. e.*, for a State prison, to which it is designed to transfer the prisoners now located at Sing Sing; for a new institution for the custodial care of the feeble-minded and epileptic; for an institution to which the inmates of the present Randall's Island House of Refuge may be removed, and for a new State hospital for the insane.

As a result of preliminary inquiries made by the Commission the Long Island territory and that of Staten Island have been found somewhat too high in price to commend themselves to the Legislature, and this opinion has been strengthened by the findings

of the Randall's House of Refuge Commission, which has been engaged in similar investigations for two or three years past. The Commission has thus been reduced to a comparatively small area in its choice of an appropriate site, *i. e.*, practically either Westchester or Putnam counties on the east side of the Hudson river or Rockland or Orange counties on the west side. Up to the close of the fiscal year covered by this report little progress had been made toward the selection of a site, but plans have been outlined for an active canvass during October and November, and the Commission confidently expects in compliance with the legislative requirement to present a report in detail as to the most available region in which to locate the new institution.

RECEPTION OR PSYCHOPATHIC HOSPITAL

The Legislature, by chapter 760, Laws of 1904, authorized the city of New York to acquire a site and to lease the same to the State for the establishment thereon of a reception hospital for the insane; and authorized the Commission in Lunacy to erect such a hospital, providing for such construction the sum of \$300,000.

The city of New York, acting under this provision of the Legislature, acquired a plot of ground near the East river, bounded by Seventy-third and Seventy-fourth and exterior streets, and has leased the same to the State of New York under the legislative provision above indicated. Perhaps no more difficult problem confronts the Commission in connection with the future provision for the insane than the establishment of this hospital. Before undertaking the great work of placing this institution upon a proper and permanent basis, the Commission must study very carefully some preliminary and closely related problems, on whose solution depend the efficiency and, in fact, the success of the whole project. Unwise haste and unconsidered action may jeopardize the project and result in crippling the undertaking.

REPORT OF THE MEDICAL INSPECTOR

The usual attitude of the public toward the administration of institutions for the insane, while somewhat more charitable and less suspicious than in former years, continues to a considerable extent unfriendly. This is, in large part, due to the fulminations of a sensational and spectacular press which, seizing eagerly upon the allegations of prematurely discharged patients,

prints column upon column of highly colored charges of maltreatment and cruelty alleged to exist within these institutions.

Report of
Medical
Inspector

It has at all times been the aim of the Commission to promptly investigate every charge of neglect or abuse brought to its attention. To carry a plan of this kind to perfection not one but five or six inspectors would be necessary.

Since the Legislature cannot provide the means of granting this addition to the Commission's working force it is the present plan, so soon as the work assigned by the Commission to the Board of Alienists is somewhat more systematized and easily handled, to detail one or more members of that board to general inspection work, such as is now so efficiently performed by the Commission's single and overworked inspector, Dr. William L. Russell. This may require some slight modification of the statute, but the Commission believes the general results will fully justify the change.

Dr. Russell's report for the year is here inserted.

REPORT OF THE MEDICAL INSPECTOR FOR THE YEAR ENDING
SEPTEMBER 30, 1907

State Commission in Lunacy, Albany, New York:

GENTLEMEN.—I have the honor to submit the following report of my work as Medical Inspector for the year ending September 30, 1907.

The number of visits made, during the year, to the thirty-eight institutions, public and private, authorized by law to receive and care for the insane was one hundred and five. Two unlicensed sanitariums at which it was alleged, insane persons were cared for, were also visited. Most of the month of September was given up to the examination of sites proposed for a new hospital near New York city. As, for several months, there was no medical commissioner, during this period I accompanied the members of the Commission on their visits to the institutions, and gave some attention to matters that did not ordinarily come within the scope of the work of the Medical Inspector.

In my last report, attention was directed to the advisability of increasing the number of physicians on the general working force of the Commission, and a similar recommendation was made in the Commissioners' Annual Report. The experience of the past year has tended to confirm my belief that the efficiency of the department might be thereby increased. There is good reason to believe that the number of insane persons kept illegally in unlicensed institutions is quite large. Some of these institutions are advertised to care for mental cases. I occasionally meet at the institutions authorized by law to care for the insane patients who had previously been in unlicensed institutions. The statements made by these patients sometimes show illegal detention of themselves and others, and illustrate the necessity of State supervision. One said that he had been tied to a bed for two months, another that she had been tied to a couch, a third that she had been detained for nine months, had been restrained by a "jacket," and had not had enough to eat, in proof of which she promptly gained twenty pounds after transfer to the institution where seen. Experience long ago demonstrated that the care of the

insane can never be safely entrusted to the inexperienced and untrained, and that State supervision is necessary to prevent neglect and ill-treatment. This is the reason for the license system, and if the law is not enforced, the insane will not be properly protected. The area of the State is so great, however, and the number of institutions and patients so large, that one medical inspector is already inadequate for the thorough work necessary. To create additional duties and responsibilities without increasing the force will be to put a premium on perfunctory work.

My observations in the State hospitals lead me to believe that study and recommendations by practical experts in various lines might be helpful to both efficiency and economy in the administration of the mechanical departments, laundries, kitchens and other features of the hospitals. This method is, I am informed, employed by the large business concerns, and should be equally useful in the business of the State. Under the registration law for nurse and nurse training schools, inspection and supervision of training schools for nurses has been begun by the State Department of Education. Several of the schools in the State hospitals have been inspected and registered, and it is expected that some improvements will follow. All the schools are, however, not yet registered, and a plan of co-operation between the Education Department and the Commission seems desirable.

STATE HOSPITALS

Forty-four visits were made to the State hospitals during the year. Most of each visit has, as in other years, been spent in interviewing patients admitted since the last preceding visit. Four thousand five hundred and fifty-nine were thus seen and given whatever attention seemed necessary. Three hundred and forty-five protested against their detention and asked to be discharged. These cases were investigated and referred to in the notes of the visits filed in the office of the Commission and in the hospitals. One hundred and thirty-six of the cases seen were senile. Few of them could, however, be as well cared for at the homes from which they came, or at almshouses. Less effort has, apparently, been made during the past year, to exclude such cases from the hospitals. Most of them require constant supervision, and many the attention of nurses skilled in the care of mental cases. They are to that degree, at least, proper subjects for institutions for the insane. This subject was discussed in a previous report, and the

suggestion made that a properly organized infirmary attached to an almshouse would amply provide for the needs of many of the cases. The possible dangers attending this plan could be guarded against by State supervision, and it would seem to be quite feasible in the more populous communities, where the almshouses are large enough.

Ten of the cases admitted were low-grade idiots, and 109 others were noted as feeble-minded. Provision for this class of cases in special institutions seems to be wholly inadequate, and it is fortunate for the patients and the communities that the State hospitals are available. The Insanity Law forbids the commitment of an idiot to a State Hospital, but provides for the commitment of a "feeble-minded person becoming insane." A broad interpretation of this provision would permit the commitment, at certain periods, of almost any person of the defective class. There is no proper distinction possible between idiots and feeble-minded persons, and all are subject to episodes during which treatment in a hospital for the insane may seem expedient. There are in the State Hospitals hundreds of cases of the defective class, and their removal would much relieve the crowding which prevails. Some of them have been received directly from the State institutions for the feeble-minded, and the admission of others has seemed imperative in the interests of humanity and public order. The situation seems to indicate that a great mistake was made when the institutions for feeble-minded and those for the insane were placed under separate departments. Their activities are too closely allied to permit of sufficiently clear differentiation. In dealing with the cases in communities only artificial distinctions can be made. This is, indeed, illustrated in the provision of the Insanity Law referred to. As a result, temporary expediency and accidental circumstances too often determine the disposition made of the cases. They are sometimes refused at both classes of institutions; at the one because it is maintained that they are idiots, at the other because they are considered as feeble-minded persons who have become insane. To secure harmony and efficiency in dealing with all cases of mental disorder it would, I believe, be better if, as in Massachusetts and some other States, all institutions for the care of such cases, whether defective or insane or epileptic, were placed under one Board. Each case could then with certainty and least delay be sent where his needs would be most completely provided for. Cases of the defective class received into the State

Hospitals are never transferred to the institutions for the feeble-minded and epileptic, and most of them remain permanently.

Report of
Medical
Inspector

Twenty-one of the cases seen among those admitted during the year were inebriates or cases of drug habit without a definite psychosis. As stated in a previous report, these cases are more frequently met with in hospitals which receive patients from the larger cities, except New York and Brooklyn where special provision is made for them. The cases are usually, after a short stay, discharged as not insane. They seldom remain long enough to receive more than temporary benefit, and are on the whole undesirable patients. A special institution to which they might be committed for a definite maximum period seems to be a want that is clearly felt.

The inspection of the hospitals required by law and the instructions of the Commission, has, as far as practicable, been made at each visit. All the patients have as a rule been seen. Any who asked to speak to me, or had written complaining letters to the Governor or the Commission which had come to my attention, or to me, or concerning whom complaints had been made by others, were given an opportunity to talk with me, apart from others if they wished. Nearly two hundred appeals and complaints thus received a hearing and due attention. Many other patients were also conversed with. In most instances complaints referred to detention only. Notes regarding them were made in the records of the visits. In a few instances complaints of neglect or ill treatment were made. The number of these noted during the year, and of instances in which, without complaint from the patients, bruises or other marks of injury on the face led to inquiry, was fourteen. Careful attention was invariably given to these. As a rule it was found that specific allegations against attendants and other employes had already been investigated by the hospital physicians at the time of the alleged occurrences, and appropriate action taken. Occasionally the matter had not been brought to their attention. At all the hospitals practically all the more intelligent patients, many of them convalescent, with whom I talked, were asked specifically how they were treated. The small number of complaints made, except of detention, is quite striking. No one, however, who knows the nature of insanity and the difficulties of institutional conditions will minimize the possibilities to which the patients may be exposed. A large proportion of them are pathetically helpless, and only the maintenance of intelligent and vigilant

management and supervision will serve to protect them. As the occasional instances in which attendants and nurses have been harsh to patients receive special attention, and are liable to be exaggerated, it seems only just that the marked devotion and self-sacrifice which many have shown should not be overlooked. Many examples have come to my attention. Some of them have amounted to real heroism, as when, during the past year an attendant at Ward's Island plunged into Hell Gate and saved a patient from drowning.

None can realize so clearly as the Commission and the hospital authorities the importance of a good nursing service to the welfare of the insane. More than in anything else, the standard of care may be found in the character of personal service rendered to each individual patient, and this depends principally on the nursing force. In my last report reference is made to the difficulty experienced in filling vacancies among the attendants. This difficulty has continued and, in fact, has increased during the past year. In most of the hospitals, vacancies have been constant, and younger and less capable candidates than formerly have frequently been accepted. Careful study into the causes of the difficulty and the best means of meeting it seems imperative. Frequent changes and inferior applicants will soon result in deterioration in the standard of care.

Improvements in the practical training of the nurses have been noted, the result, apparently, of the schedule adopted by the conference of Superintendents with the Commission and of the nurse registration law. In my last report attention was directed to the desirability of appointing a nursing officer of superior character and efficiency, to have the supervision and management of the training of the nurses. The need of better training not only for the members of the training schools, but of all the attendants as well, seems to be more clearly recognized. There can be no doubt that the care and treatment of the patients could be much improved in this way and as a result of more efficient nurse supervision. To make such training and supervision a more definite feature of the hospital organization and work, an experienced and competent nursing officer should, I believe, be employed and required to give practically her whole time to the work. Too much of it now falls on the physicians who cannot give it the study and attention needed, and the supervising nurses are too often themselves in need of the instruction

and training which they should be competent to give to others. To result in any great improvement in the care of the patients, any plan for increase in compensation for nurses and attendants should, I believe, provide for the improvements in the nursing organization and methods referred to.

Report of
Medical
Inspector

Special conditions, which seemed to require attention, observed in the inspections of the hospitals, have been referred to in the notes of the visits or reported verbally to the Commission. The vacancies and changes among the physicians and employes have, no doubt, increased administrative difficulties, and it has not always been possible to avoid some deterioration in standards. No marked relief of overcrowding has been experienced during the year, and, in my judgment, the greatest present need in the State care of the insane is for new hospitals. One only has been added since the State Care Act went into effect in 1890, and the whole system is in danger of overloading. The four hospitals of the Metropolitan district, except Flatbush, are larger than can be found elsewhere in this country and probably in the world. The number of patients admitted on original commitment to these four hospitals last year (3,321) was larger than to the other nine hospitals together (2,784). The difficulties of medical administration are enormously complicated by this large and steadily increasing yearly influx, and the study and care of the individual case becomes more and more difficult to provide for. No system of relief by the transfer of patients to other hospitals can remedy this, as the cases admitted should themselves be divided up among more hospitals. In all the hospitals the number of patients cared for seems to depend upon the space available for beds, without due regard for day space, differences in ventilation, dining-room capacity, number of toilets and wash basins, and the varying degrees of crowding safe in the case of different classes of patients. Only those who live and work with the insane in institutions can realize the irritation, discomfort and danger that may result from inability to classify and separate the patients and from inadequate conveniences. Insufficient provision in these respects add to the misery of the patients, and to the burdens of those who have the care of them.

A large number of meals has been inspected at the hospitals and many inquiries made regarding the food service. Marked differences in methods and results have been noticed, some dependent on structural conditions, others on administration. A

systematic study of the methods of storage, distribution, cooking and service by a competent practical dietary expert would, I believe, be of value to efficient and economical management of the dietary. More careful attention to specially worked-out dietaries for different classes of patients, as referred to in my report of last year, seems still to be needed in some of the hospitals.

The medical methods in the hospitals have undergone little or no change during the year. There have been a number of vacancies in the medical positions, the number of candidates for appointment has been too small to permit of careful selection and scarcely even to fill vacancies, and some of the hospitals have suffered considerably. Some of those who left occupied superior positions and had been in the service a number of years. The task of raising the standards of medical administration so as to meet modern requirements seems to move slowly. The standards of mental medicine have materially advanced during the past few years, and unless we are willing to go backwards, the methods of hospital work and the medical responsibilities of the superintendents and the other medical officers must be gauged accordingly. A careful investigation of the condition of the medical service with a view of ascertaining the causes of the difficulties and overcoming them seems necessary.

In my report of a year ago, reference was made to some of the more obvious and easily adjusted needs of the medical service. Some of these may soon be readily adjusted at those hospitals where reception buildings are approaching completion. The plan suggested by Dr. Meyer, of having a properly equipped examination room directly connected with each reception service, seems a desirable one which could be generally adopted. A similar arrangement would, in fact, be an improvement in other services as well. There the current case histories could be written and kept, and the simpler laboratory examinations attended to. Such an arrangement is not only more convenient for the doctors, but it enables them to make the wards their headquarters, instead of the general office, and to spend nearly all their time with the patients.

As a result of the special courses given at the Pathological Institute, the laboratory and autopsy work has, at most of the hospitals, taken a more definite place, and some good work has been done. In a few a specially trained physician and adequate

facilities are still lacking, and at some a way to sufficiently relieve the laboratory physician from exacting clinical and administrative work, to enable him to make the most of the position, has not yet been found.

Report of
Medical
Inspector

In the clinical work the improved methods referred to in previous reports have been continued, though without marked advance. What seems to be needed now is to thoroughly engraft upon the whole State hospital system, not the appearance alone, but the real substance of the new psychiatry. To systematically and thoroughly learn the abnormalities of the patients, and to apply appropriate measures more intelligently and effectively than heretofore are the meaning and purpose of the new methods. This is surely worth while, and the State cannot afford to give it half-hearted support. To carry it on efficiently not only good individual work is necessary; there must also be organized effort in which superintendents, first assistants, and other senior medical officers must be actively interested and employed. A comparison of one hospital with another, and inquiries concerning organizations and methods of work will show defects in this respect which should be remedied in order that the work now going on may be turned to best account for the insane and the people of the State. Any defects in the system of State care caused by insufficient appropriations or an unwise policy of development or administration will, in the end, if they result in deficient knowledge and inadequate care of the patients by the medical officers, prove a serious burden to the people.

Two of the joint staff conferences which have now become an established feature of the hospital system, and several staff conferences at the different hospitals, were attended during the year. The joint conferences afford, among other advantages, opportunity for the physicians of one hospital to see the methods and work of those of others. This should prove stimulating and help extend throughout the service measures of proved usefulness, of which each hospital presents examples belonging especially to itself. In view of this, it is singular to have to note that some of these measures seem to find slow acceptance. As an example, the continuous bath and fresh air treatment of excitements which has proved so superior at Manhattan for several years, has not yet been systematically applied in all the hospitals. In a few hospitals, too, even well-equipped surgical operating-rooms are lacking.

LICENSED PRIVATE INSTITUTIONS

Report of
Medical
Inspector

The number of these institutions was diminished by one during the year, Dr. Everett having given up his license. Dr. Greenleaf, physician-in-charge at Glenmary, retired during the year, and was succeeded by Dr. McKelway, an assistant physician at the Kings Park State Hospital. Dr. Combes, physician-in-charge of Dr. Combes' Sanitarium, died, and was succeeded by Dr. Hanes, an assistant physician at Rochester State Hospital. The number of institutions at the end of the year was twenty-two.

The number of visits made to these institutions during the year was sixty-one. Two hundred and seventy-eight patients admitted under commitment during the year were seen, and opportunity given them to converse with me. Forty-six of them protested against their detention, and their cases were more carefully investigated. References to these were made in the notes of the visits, for the information of the Commission and the physician in charge.

Two hundred and sixteen cases classed as voluntary were also seen and given the privileges afforded by the statute and the instructions of the Commission. Forty-three of them were found unsuitable to be regarded as voluntary, being either positively unwilling or incapable of choosing for themselves. All were insane and obviously proper cases for institutional care. Most of them were incapable of making serious objections, and, so far as their inclinations could be determined, had none. Under the law, however, they could not be legally detained unless committed by the courts, and their discharge or commitment was required by the Commission. In most instances, commitment followed; some of them were removed. There is in a certain number of cases met with each year, notably some of those probably recoverable within a short period and of the senile cases, for whom it seems to me, a useful purpose would be served if the law were modified so as to permit the Commission more discretion in regard to detention without commitment. A great many people consider that certification and commitment attach a stigma to the patient and the family, and however ill-founded this may be, delays and injudicious measures frequently result, which are injurious to the patients' health and prospects. So far as I can judge, careful State supervision and perhaps the penalizing of disregard or hindrance of a patient's right of appeal to the State authorities

and the courts, would furnish every safeguard necessary in the class of cases I have in mind.

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Six of the cases seen were held under authority of the United States Immigration authorities as unlanded immigrants. They had been received from Ellis Island for treatment until in condition to travel. Two cases were inebriates committed under a special act relating to the detention of such cases in one of the institutions.

The institutions were, as a rule, inspected throughout at each visit and all the inmates seen. Conditions requiring attention were brought to the notice of the physicians in charge and referred to in the notes of the visits. Few complaints, except of detention, were made to me by the patients. Any of importance were attended to and references made to them in the notes. This subject has been more fully discussed in a previous report.

The licensed institutions may be divided into two classes, the private and the semi-private. The purely private are conducted primarily for the financial benefit of the owners, though it must not be assumed that the highest professional considerations may not characterize the methods of management. They may be subdivided either with respect to size or to rates received. Where the highest rates are charged, the patients are surrounded by every comfort and receive every attention. Here the best standards of care and treatment possible are to be expected. The smaller places are simply doctors' homes into which a few patients are received. The patients here have a comfortable home and receive close attention. The clientele, however, must be large enough to permit of careful selection of the cases received, or objectionable features are liable to appear. Where there is but one ordinary house, one sex only can be suitably provided for, and the disturbed, filthy and otherwise offensive should be rigidly excluded. In the larger places where moderate rates are charged, conditions are more distinctly institution-like. Several of these were not originally designed for institution purposes, and are not well adapted to the needs of all classes of patients. The accommodations are often much poorer than one would expect, and inferior to what may be seen in State hospitals. The attention received is too liable to depend more on the amount paid than on the real needs of the cases. However good the intentions may be, the competition between the need of profits and the needs of the patients is too keen to permit of the constant maintenance of standards uni-

formly adequate to the requirements of every case. State supervision is very essential for institutions of this class. Closer inspection is, in fact, desirable, with more frequent visits, and more careful attention to the condition and needs of individual cases. This would require more inspectors. In issuing new licenses, it would, I believe, be advisable to make more definite restrictions in regard to the sex and class of cases to be cared for.

The semi-private institutions are Bloomingdale, Providence Retreat, Marshall Sanitarium and St. Vincent's Retreat. These institutions were established by private benevolence with a view to the better care of the insane, and accommodate about two-thirds of the total number in the licensed institutions. Two of them are controlled by boards of trustees, and two by religious communities. All financial returns belong to the institutions and may be applied to the needs of the patients. Institutions of this class should, one would think, provide the very best conditions for the care and treatment of the privately supported insane for whom moderate rates can be paid. More financial support for them from the benevolent rich, with the establishment of new institutions where needed, and strong co-operation between the institution authorities and the Commission, with a view to enlightened and progressive administration, seem to present possibilities for the development of a system of care of the privately supported insane which offers many advantages over present conditions.

THE STATE HOSPITALS FOR THE CRIMINAL INSANE

The State Hospitals for the Criminal Insane at Matteawan and Dannemora have been regularly visited. The same methods have been followed as at the other State hospitals, though conditions have not been as carefully studied nor recommendations as freely made. These institutions are under the Prison Department, and the relation of the Commission in Lunacy to them does not seem to be clearly defined. This is a matter which, I believe, should receive some attention.

In conclusion I beg to express my appreciation of the continued confidence and support of your Commission, and of the courtesy and co-operation which I have met with at the hospitals and institutions.

Respectfully submitted,

WILLIAM L. RUSSELL

Medical Inspector

WOMEN NURSES IN MEN'S WARDS

Nothing affords the Commissioners greater pleasure than an opportunity to testify to the extraordinary success which has attended the extension of the system of placing women nurses in the men's division of our State hospitals. The first value of this change is that it at once gives the wards of these hospitals for the insane a close proximity in appearance to the wards of a general hospital. The next important feature is that their presence has been most effective in reducing the violence and turbulence which in former days so frequently characterized the appearance of the so-called disturbed wards of our hospitals. It is not, of course, possible to put these wards exclusively in charge of women nurses, their work being simply auxiliary, but the Commission will continue to urge upon hospital Superintendents the desirability of an intelligent extension of this system which has been found to work so admirably in the Manhattan, St. Lawrence and other State hospitals.

THE WORK OF THE PATHOLOGICAL INSTITUTE

The admirable and progressive work of the director of the Pathological Institute, Dr. Adolf Meyer, has continued during the year and can be pointed to with just pride by the Commission. Dr. Meyer and his staff of highly trained experts have presented in the succeeding pages a résumé of the more interesting features of the work; although it must not be assumed that this is even an index of the extraordinary scope of the scientific work accomplished by this valuable adjunct of the Commission. The steady uplift in the medical work of the State hospitals must, to a considerable extent, be credited to Dr. Meyer, and the Commission bespeaks the Legislature's support of the institute and its further development by adequate appropriations.

It is a regrettable fact that, with those who have not studied the problem of insanity in the light of recent advances, the idea prevails that adequate attention is given to an insane person if he is clothed, housed and fed until he dies. With them the chronic insane are all incurable. This is not the truth. The old notion that a patient is hopelessly insane if his mental disorder has lasted over a year, is founded on ignorance and error. Cases exist of patients who have emerged from years of insanity and who are now self-supporting and rational citizens. The Pathological Institute aims to decrease the annual number of the patients who become public charges upon the State; to teach preventive measures

which will result in lessening the future numbers of the insane, and to point out the after-care ministrations which will be effective in preventing the return of patients with relapses or recurrences. The new psychiatry which produces such humane and economic results has no better exponent than the director of the Pathological Institute, Dr. Adolf Meyer. Endowed with unusual mental equipment, learned, tactful and resourceful, Dr. Meyer has steadily added to his deserved international reputation and achieved notable results through his work in the Institute. As a teacher of the members of the medical staffs of the various hospitals he is sincere, stimulating, earnest and inspiring. When properly analyzed and classified by a competent statistician, the mass of histories collated according to Dr. Meyer's method and under his guiding hand, will immediately become available and of great value. The intelligent and wise co-operation of Dr. William Mabon, Superintendent of Manhattan State Hospital, with Dr. Meyer, has rendered possible the proper correlation of didactic with clinical and pathological work in spite of insufficient accommodations and meager facilities. Under all the circumstances the Commission feels that the success of the Institute and its director merit the very highest recognition.

REPORT OF THE DIRECTOR OF THE PATHOLOGICAL INSTITUTE FOR THE FISCAL YEAR, 1906-7

To the State Commission in Lunacy:

GENTLEMEN.—I beg leave to submit to you a report of the work of the Pathological Institute during the year ending September 30, 1907.

The didactic work this year consisted in the training of laboratory physicians for three hospitals which lacked such provision. Unfortunately, one of the participants was disabled by an infection about the middle of the course, but after a trying, prolonged and dangerous illness he was able to resume his work at the hospital. The course covered the same ground as is outlined in the report of the two courses of the previous year in the last annual report.

A course of two weeks was arranged in March for the purpose of enabling one or two of the physicians of each hospital, preferably the staff leader, to get a review of the more recent developments of *psychopathology*. There is a growing realization of the importance of a knowledge of the fundamental factors of mental life, in harmony with the present growth of a dynamic psychology. The old-fashioned symptomatology dealt with psychology in a manner which did not inspire the physician to expect from psychopathology anything beyond the definition of some terms like illusion, hallucination, delirium, compulsion and perhaps depression, excitement and dementia. Misconceptions about psychology, together with the ease with which impersonal physical explanations, such as degeneracy and auto-intoxications, could be put forth as the "facts" supposed to underlie what would involve one in tedious observations and difficulties of explanation, and perhaps in investigation of the private life of families, had led to the widely spread dogma that mental disorders were "physical" disorders, that mind could not become diseased itself, and that the study of the mental phenomena had a sense only for "symptomatology," but was of no further practical importance. Physicians were content with findings in terms of physical disorders, with special attention to auto-intoxication. As a

reaction to this simple, but, in most actual cases, fruitless and fatalistic way of viewing mental disorders, I had voiced a conception of dementia praecox, which involved a more practical and efficient way of using the *mental* events. Without disputing the view that mental disorders are essentially physical disorders, I maintained that many of the most potent factors leading to dementia praecox cannot be expressed in any other terms than terms of conduct and behavior, and that by singling out the fundamental determining elements of mental life, the habits of conduct and of adjustment, a sane and useful psychology could be shaped. That disorders like those constituting the prodromal stage of dementia praecox could be best expressed in terms of habit disorders, and that, in that manner, the finger could be put on the one point which could prove of service in prophylactic work has been shown more and more by a careful study of these cases. With this principle as a foundation, the way was opened to a broader conception of dynamic psychology, *i. e.*, a broader valuation of mental events and their possible role in the explanation of mental upsets, and a clearer conception was obtained of possible means of prevention as well as of treatment. It seemed opportune to devote a special course to a more systematic and comprehensive statement of the principles and facts involved than had been possible in previous years.

In the contribution to the discussion of dementia praecox at the meeting of the British Medical Association in Toronto, August, 1906, I had expressed the principle as follows: "Mind, like every other function, can demoralize and undermine itself and its organ, and the entire biological economy; and to study the loss of the miscarriage of its function and life is one of the conditions for any true advancement in psychopathology." After discussing the advantages of diagnostic conceptions which make the most of the constructive factors of disorder and not only of the possible end result, I summed up the practical consequences as follows: "Etiologically, the constitutional make-up counts for a great deal, but not in the vague sense of heredity and degeneracy merely. There is much more to be had in the study of deterioration of the habits and undermining of instincts and their somatic components.

"Therapeutically, this way of going at the cases will furnish the best possible perspectives for action. We stand here at the beginning of a change which will make psychiatry interesting to the

family physician and practitioner. As long as consumption was the leading concept of the dreaded condition of tuberculosis, its recognition very often came too late to make therapeutics tell. If dementia is the leading concept of a disorder, its recognition is the declaration of bankruptcy. To-day the physician thinks in terms of tuberculosis *infection*, in terms of what favors its development or suppression, and long before 'consumption' comes to one's mind, the right principle of action is at hand — the change of habits of breathing poor air, of physical and mental ventilation, etc. In the same way, a knowledge of the working factors in dementia praecox will put us into a position of action, of habit-training, and of regulation of mental and physical hygiene, as long as the possible 'mental consumption' is merely a perspective and not an accomplished fact. To be sure, the conditions are not as simple as with an infectious process. The balancing of mental metabolism and its influence on the vegetative mechanisms can miscarry in many ways. The general principle is that many individuals cannot afford to count on unlimited elasticity in the habitual use of certain habits of adjustment, that instincts will be undermined by persistent misapplication, and the delicate balance of mental adjustment and of its material substratum must largely depend on a maintenance of sound instinct and reaction type."

What is true of dementia praecox is true even more plainly of many other mental disorders, such as hysteria and psychasthenia, many depressions, etc. The dynamic conception in no way antagonizes research on the physical side of these disorders; on the contrary it furnishes it a sensible setting. It brings a better balance into the situation, opens the way to a critical and yet active insight in what practical sense has never wholly neglected, and that which, with these principles, we can take up more systematically. It is remarkable how very distinctly *practical* psychiatry has arrived at this same conclusion irrespective of the theories in which the facts were couched. That occupation and profitable regulation of conduct and interests are among the best means of psychiatric therapeutics, is the result of almost all experience. To accept occupation and proper application as beneficial because it promotes appetite and opens the pores and favors some other truisms of semi-popular hygiene, cannot make us overlook the importance of these methods in helping the mental activities themselves to become adjusted to

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a hygienic balance. The acknowledged efficiency of the empirical results is bound to be enhanced, if we take the facts of experience as we see them in what our more carefully taken records of the facts in the patient's life teach us.

It is a pity that more or less sensational issues have so long been uppermost in the minds of physicians when psychopathology and psychotherapeutics were mentioned. The result was a stubborn conservatism which led a prominent teacher of psychology to claim, but a few years ago, that when he turned to psychology for practical help, he found her a sphinx. During the past year the same writer has given, in a popular magazine, a description of new and old achievements which bring psychology almost too glaringly into the ranks of efficient and practically applicable sciences. Whatever the value of some special methods may prove to be, the general principles of a dynamic psychopathology are nevertheless asserting themselves irresistibly, and it appears now that at last the work of the alienist is assuming a better balance than it had only a few years ago, and has even to-day in the minds of those who cannot understand why one should make such a careful study of the previous life and present mental condition of our patients and how the "mental facts" could be used as scientific material. How to do it and how to use the results, that is the topic of courses on psychopathology.

Not many years ago the alienist put himself into a position in which he looked for help and explanation in all the realms of general medicine except the one field in which he should have shown special experience. To-day we must take care lest the pendulum swing too far. But we may well feel that a great gain has been made and that psychiatry may begin to repay with psychopathological experience the general physician and the specialists of organs other than the brain. It will be the task of the judicious to see that no one-sidedness occur and that our clinical laboratories shall not neglect their opportunities.

The plan followed in the organization of the present methods of psychiatric work in the State hospitals began with laying a general foundation in the broader medical activities of the services of our hospitals (three courses of two weeks each for groups of twenty to twenty-five assistant physicians in 1903). The next step was the special training for each hospital of one or two leaders of each staff, in courses of three months' duration (three groups in 1904-5), with an all-round training in the special task

confronting us in the examination of those parts of the organism which are as a rule but summarily dealt with in a general medical course: the functional disorders of the heart, the gastro-intestinal affections, the nervous disorders met with in our cases, and the study and utilization of the mental findings. The next type of courses consisted of the three months' courses in clinical laboratory and post-mortem work (three groups, 1906-7). To this scheme was added the course on psychopathology given last March. On this foundation which the hospitals are expected to maintain in the training of the new members of the staffs, we are now continuing the co-operative work by special courses on specific topics in which initiative is expected to come in part from the hospitals which would ask for help in certain directions, and in part from the institute, according to the matters which are receiving special attention and which are not of a simple enough character to lend themselves to communication at the quarterly meetings of the up-State and down-State hospitals.

During the past year the following meetings were held: For the down-State hospitals at the Manhattan State Hospital, a meeting in December, 1906; at the Hudson River State Hospital, one on February 27 and 28, 1907, and at the Middletown State Hospital, one on June 14 and 15, 1907. For the up-State hospitals at the Utica State Hospital, a meeting on December 19 and 20, 1906; at the Buffalo State Hospital, one on March 5 and 6, 1907, and at the Gowanda State Hospital, one on August 26 and 27, 1907.

The method pursued was that groups of cases such as principally interested the staff were demonstrated to the physicians with an introductory paper and subjected to discussion, and also individual cases of special interest were presented, as well as papers on special topics. The evening was used as a rule for the presentation of some special material on which the entertaining hospital and the institute had been co-operating, or the discussion of some topic that seemed to be specially opportune. An effort was made to put the proceedings of these meetings in such a shape as to make them fit for publication, and it is especially in connection with this matter that plans have been called for to provide for adequate means of distributing the results of work primarily among the physicians of the hospitals, and secondarily, among those outside of the hospitals that would take an interest in medical work done in connection with mental disorders. It is to be hoped that

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the coming year will bring the first practical results in this direction, if possible, not in the form of a journal which would of necessity publish a set amount of material at regular intervals, but rather in the form of a publication similar to the reports of the conferences of superintendents, that is, one which should adapt itself to the material at hand with regard to time of issue as well as size.

The advantage of a fairly regular publication of this character is obvious, especially in view of the fact that in the examinations of the physicians for promotion, increasing attention should be paid to their success in duly digesting what is offered by the co-operative work, a result which cannot be demanded unless the material is put forth so as to be made accessible to all who wish to compete. Whether the resulting publication shall be a periodical should depend on the available material rather than on a formal ambition to maintain a publication.

The work in the clinical divisions and the laboratories of the institute is best portrayed by the following reports prepared by the physicians in charge.

REPORT ON THE CLINICAL WORK

By DR. G. H. KIRBY, *Associate in Clinical Psychiatry*

With the close of the fourth year's work in the Clinical Department we feel that sufficient material has now been accumulated to justify a report on several of the groups. It is hoped that these reviews will form a substantial basis for discussion of some of the questions which confront us in our daily work as well as assist in giving a clearer conception of what the various symptom-groups really mean. The analysis of the manic-depressive group, consisting of about one hundred cases, is nearly ready for communication. In connection with this study the anxiety depressions have been reviewed and the results are also about ready for publication. We intend to review the entire dementia praecox material as soon as possible; and as an important supplement to this group, the cases of constitutional inferiority will be reported. The following remarks will be limited to a brief resumé of the work of the past year.

From among the admissions to the Manhattan State Hospital during the year we have received 100 patients into our service in the Female Department directly upon their arrival at the hospital. These cases were to a large extent selected for the purpose of studying those disorders upon which our interest has been mainly centered, hence a relatively large number of dementia praecox and manic-depressive cases appear in the following table, which shows the diagnostic grouping of the 100 cases:

A. DISORDERS ETIOLOGICALLY CHARACTERIZED

1 *Psychoses with more or less definite brain disease.*

Arterio-sclerotic brain disease.....	3
General paralysis	4
Tabetic form	2
Cerebral form	2
Probably general paralysis.....	1

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2	<i>Psychoses due to intoxications.</i>	
	Alcoholic psychoses	8
	Acute and sub-acute hallucinoses.....	2
	Korsakoff's syndrome	4
	Anxious depression	1
	Recurrent excitement with amnesia.....	1
	Drug psychoses	3
3	<i>Auto-toxic or infective exhaustive types.</i>	
	Infective-exhaustive psychoses	2

B. SYMPTOMATIC-PROGNOSTIC TYPES

1	Allied to the infective-exhaustive group.....	3
2	Depressions not sufficiently differentiated.....	1
3	Symptomatic depression	1
4	Anxiety psychoses	3
5	Dementia praecox	18
	Paranoid forms	8
	Catatonic forms	3
	Simple and hebephrenic forms.....	7
	Allied to dementia praecox.....	8
6	Paranoic conditions	5
	Hallucinatory paranoic states.....	3
	Paranoid states (delusions of jealousy).....	2
7	Manic-depressive psychoses	24
	Manic attacks	14
	Depressive attacks	6
	Circular form	2
	Mixed forms	1
	Delirious equivalent	1
	Allied to manic-depressive.....	11

C. CONSTITUTIONAL DISORDERS

1	Psychasthenic psychosis	1
2	Constitutional inferiority	4

Arterio-sclerotic Brain Disease.—The cases in this group present a variety of symptomatic pictures. A review of the involutional depressions has shown that cerebral arterio-sclerosis frequently forms a basis for or is accompanied by a typical anxiety

psychosis. One of the cases admitted during the year is a good example. A woman, forty-three years old, of temperate habits, began to suffer in her forty-first year from dizziness, buzzing in the ears, insomnia, vague fears and uneasiness about the future. In hospital a condition of anxiety and agitation was interrupted with periods of calmness. In the anxious attacks there was palpitation and fear of dropping dead. The heart was large, and arterio-sclerosis well marked. In six months the patient was sent home recovered, although she seemed somewhat apathetic. A year later she had a transitory right-sided hemiplegic attack with temporary aphasia; six months later she became again depressed; the future looked gloomy; she worried over her failing capacity, feared invalidism and derangement of the mind; she walked the floor, could not sleep. She was returned to the hospital. The anxiety disappeared rapidly, and now, after six months, she has settled into a quiet apathetic state; still her memory, retention and grasp remain excellent. She weeps almost automatically when one questions her about her condition, yet her general demeanor is that of cheerfulness; she presents all of the physical signs of arterio-sclerosis with albumin and high blood pressure. During her first hospital residence the importance of the arterio-sclerotic complex was not fully appreciated. These cases are often misunderstood until some definite arterio-sclerotic attack occurs.

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The second case in this group presents an entirely different mental picture. The patient is about forty-five, has many physical signs of early involution, including cessation of menstruation before thirty-five; general arterio-sclerosis is well marked, and there is a senile-like tremor of the head. For years the patient, who is strictly temperate, has been extremely jealous of her husband, and friction with the neighbors led to her commitment. The most striking symptom is a grave disorder in retention — she cannot retain a name or number for two minutes. General memory is also impaired. She has had one attack of faintness in the hospital.

The third case in this group is a woman of fifty, who at forty-seven had an unconscious attack and soon afterwards a retinal hemorrhage. Shortly before admission she became confused, seemed to lose her eyesight completely, passed into a delirium, with paraphasic utterances. Arteries sclerosed and tortuous; heart large; pulse intermittent; albuminuria. She died three days after admission. Autopsy refused.

General Paralysis.— Among the women we took only five cases under observation during the year. Two of these were of the cerebral form, two presented the tabetic complex; one case grouped merely as probably general paralysis, was of the mixed type with focal symptoms (see below).

A twin brother of one patient developed general paralysis at about the same time the sister did; independent sources of syphilitic infection were, however, established. The family had shown a marked psychopathic taint for two generations.

An interesting case was that of a woman whose husband died of general paralysis, both developing the disease within the same year. We had the wife under observation first in 1903, at which time there was a short expansive excitement which subsided quickly, so that the patient gained complete insight and no mental reduction could be demonstrated. The tabetic physical signs persisted and after returning home arthropathies supervened. For nearly three years there was no return of the mental symptoms, the patient showing merely the tabes without speech defect or other paralytic symptoms. Fainting spells then occurred, mental symptoms reappeared (two years and ten months after her discharge) and the patient deteriorated rapidly. Upon her readmission, nine months later, she presented a clear picture of general paralysis and died within a month. Autopsy findings were typical.

The case mentioned as probably general paralysis of mixed type has absence of the left knee jerk, while the right one is well marked. The patient has also right hemiplegic residuals and pupils which do not react to light or efforts of accommodation. No speech disorder or characteristic writing defect present. Mentally, the patient shows merely a simple dementia, loss of memory, poor retention, discrepancies in time statements, no delusions or hallucinations; very good appreciation of her deficiencies. We have a very meagre anamnesis, simply the information that the patient had a right hemiplegic attack four years ago and another two years ago. For diagnosis a focal vascular lesion and general paralysis come into consideration; the patient's mental condition might be explained as a post-apoplectic enfeeblement. The fixed pupils and absent left knee jerk would, however, not be accounted for. It seems more probable that a cerebral lesion has been superimposed on a tabetic general paralysis, causing reappearance of the right knee jerk. Lumbar puncture gave, however, a very small number of lymphocytes, and was not definitely positive.

Alcoholic Psychoses.—All of the cases of Korsakoff's delirium were in middle-aged women who had taken alcohol to excess for years. Three patients had a florid polyneuritis; one had only a mild neuritis; all showed the typical amnesic confabulation complex. The case with mild neuritis recovered with very slight if any residuals in the form of a retention disorder, but there remained jealous delusions which had been held for ten years previously. The other cases were all left with more or less serious memory and retention defects.

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A case related to the preceding ones was a woman who had recovered from a Korsakoff delirium with complete insight, though mild retention defects persisted. When again exposed to alcohol she quickly became nervous, her heart acted badly, she suffered much cardiac discomfort and feared that death was imminent. This anxiety led to her return to the hospital. She remained perfectly clear, the retention defects were not exaggerated, and with rest and attention to the heart she rapidly became convalescent. This case is grouped under the alcoholic disorders as a simple anxious state, with cardiac embarrassment. The previous Korsakoff delirium had evidently left her very sensitive to alcohol, and the heart condition was a further predisposing factor.

One case presented a typical acute hallucinosis, while in another case the hallucinosis has become chronic. One case gave a history of recurrent excitements and amnesia following sprees. The excitement was not of the manic-depressive type, nor were there any definite epileptic features.

Drug Intoxications.—In all of the three patients in this group the psychoses arose in connection with the morphine habit. Two cases were hallucinatory deliria in which the patients lived through dream-like situations; in each case convalescence began in a few weeks. Both patients had taken eight to ten grains of the drug daily.

The third case was of a different type. The patient, thirty-six years old, had taken about five grains daily for eight years. During a period of poor health, and while in reduced circumstances, systematized delusions of persecution were rapidly formulated. In hospital the patient's demeanor was natural, and her grasp clear; but the paranoic elaborations continued. She argued plausibly about her ideas, and made strenuous efforts to bring her case into court. It was found that the delusion-complex had developed in connection with hallucinations,

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which although abundant were almost completely concealed by the patient for some time. The quick elaboration of the persecutory system and the hallucinatory basis seemed to justify a grouping of the case with the toxic disorders having a more favorable prognosis than the other paranoic conditions. On the other hand, it was thought the outlook was rendered more uncertain because the patient's previous career had led her into considerable friction with her environment, and circumstances arose which furnished much material for further expansion of the morbid trend. During the eight months under observation there was no improvement, but it must be said the hallucinations persisted. The further progress of the case will be watched with interest.

Infective-Exhaustive Group.—One of the patients in this group had a delirium with a septic infection following induced abortion. The patient died two days after admission. Autopsy revealed an infective metritis, an acute nephritis and parenchymatous changes in all of the organs.

The other case, an actress of thirty, of alcoholic habits, developed an hallucinatory delirium during convalescence from a fracture of the leg. The confusion lasted about six weeks, but for five months the patient remained inactive, filthy in her habits and extremely apathetic. From this condition she has gradually emerged. The fact that the patient has absent knee jerks naturally aroused the suspicion of general paralysis. There was no neuritis to account for the absent reflexes. No other physical signs are present to indicate paresis and there is no evidence of any intellectual defect. Two attempts at lumbar puncture were unsuccessful because of the patient's vigorous resistance.

Conditions Allied to the Infective-Exhaustive Types.—We frequently meet with states of delirium and confusion which cannot be referred to any definite physical disorder: the absence of a sufficient cause brings up the question of more serious disorders, especially of psychoses showing progressive deterioration, which exhibit not infrequently a delirious phase. In another group of cases, where we find a fairly sufficient cause, there is not a simple delirious reaction, but various additional symptoms appear which render the prognosis more uncertain. Such features are especially common in the form of stuporous manifestations, with catatonic features or apathetic behavior not explained by any difficulty in thought or retardation. In other cases we see peculiar trends of

ideas persisting even with a relatively clear sensorium. One of the three cases in this group will illustrate some of these features.

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A young woman of twenty, after a few sleepless nights became restless, uttered some delirious ideas, became severely jaundiced and passed quickly into an akinetic state, with mutism, extreme slowness in reaction, slight muscular resistance, but no catalepsy. She has a placid expression, looks about freely and can be brought to smile easily. A few written productions indicate that there is possibly considerable confusion in thought. The patient's condition has not changed during the three months' observation. We are uncertain in this case both as to the grouping and prognosis. The rapid onset with some delirious features and the severe jaundice naturally suggest an acute auto-toxic disturbance. The written productions are suggestive of thought confusion. On the other hand, the stuporous reaction, failure of any signs of a deep affect suggest a relation to a deterioration process. The patient's inactivity and slowness might be explained as a severe retardation, but there is no evidence of a depressive affect such as we would expect to be present if the case belonged to the manic-depressive group. Taking into consideration the acute onset and the physical accompaniments, evidence of delirium at first and possibly persistence of confusion later, we group the case at present as allied to the infective exhaustive type.

Depressions Not Sufficiently Differentiated.—One very interesting case was placed in this group — a woman of forty-two, who is now in the third attack of depression, developing in each instance with complaints of pain in the left arm and left side of pelvis. Although we can find no trace of a physical basis for the complaints, the patient insists that she is suffering unbearable pain — she cries, laments and implores for relief, refers to her trouble in the arm as “rheumatism,” to the pelvic pain as “disease of the ovary.” When her attention is distracted her mood is temporarily cheerful and even vivacious. There are no signs of any thinking difficulty nor even a subjective feeling of insufficiency, neither is there any independent anxious affect. No hysterical stigmata. Further probing for a psychogenic basis may yield an explanation.

Symptomatic Depressions.—Only one case came into this group — a woman of thirty-three, who became depressed and ill-humored during the course of a nephritis, together with mitral lesion of the heart which led to failure of compensation and general anasarca. In the depression she grumbled and complained, was

jealous, made unreasonable demands, wished to die rather than suffer so much pain. No retardation or fundamental anxiety. Died two months after admission.

Anxiety Depressions.—The depressions characterized by a primary uneasiness and leading to anxiety and agitation are most frequent in the involution period, yet disorders presenting a similar symptomatic picture may occur earlier in life. Hence the term anxiety psychosis is a better designation than involution melancholia. Two of the three cases in this group were in the climacteric period, the third was a young woman of thirty-two. Her depression began with insomnia after a surgical operation. Uneasiness, worry about the past and anxiety over the future introduced an agitation during which she showed great distress, uttered self-condemnatory ideas, picked her skin, and claimed that she was lost and her soul damned. For a time hypochondriacal concepts were prominent. She was clearly oriented, showed no thinking disorder. She improved in eight months and is now convalescent. This depression seems to have arisen on a certain constitutional foundation—the patient was always excessively religious; from youth she stood in great awe of death; she pondered much over the Bible and future existence; she couldn't understand it all; she was ultra-conscientious, had always worried over trivial happenings and feared wrongdoing. In the depression all of these traits and religious preoccupations came forth prominently.

Dementia Praecox.—Some recent statistics from Kraepelin's Clinic give an acute onset in twenty-five per cent of the cases. We have found that the cases of sudden onset diminish in direct proportion to the number of complete and careful anamneses obtained. In only two cases of the eighteen in this group did the psychosis develop rapidly (in one instance it was soon after childbirth). No recovery or even definite improvement occurred in any of the patients in this group.

We have given much attention to psychogenic factors in the evolution of these disorders. Only a few patients offer an opportunity for a satisfactory examination of this kind, which in any case takes a great amount of time and patience. Still the anamnestic data, together with what facts it is possible to obtain directly from the patients, certainly impress one with the prominence of mental causes, especially sexual complexes, in the disorganization of these individuals. In many cases where such factors are evi-

dently at work it is not possible to get a complete analysis from the patient. The following case will illustrate:

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A young woman of twenty-two masturbated from early youth; she took an inferior rank at school, developed into a girl with deficient interests, was timid and reserved, shut herself off from all healthy social contact, avoided attention from the opposite sex, and felt uneasy and nervous in the presence of men. Although she denies any sexual experiences she has a lacerated hymen. Some time before the onset of the psychosis a girl companion talked to her "about men," and, as the patient expresses it, "upset me by putting ideas about men in my head." She will not tell what these ideas were, but after a period of rumination her attention became centered on a mere boy with whom she was not even acquainted. She began to have sexual feelings when she saw him, thought he made lewd motions and seemed to be controlling her in various ways and communicating with her by a peculiar method; viz., he made her understand by causing her tongue "to move in syllables." Several hysterical episodes occurred, then various other feelings of influence and control which finally became annoying and she made a complaint to the police. In this case it seems fairly certain that a sexual complex of ideas has formed the nucleus for the reaction, yet the patient declines to discuss the matter, so that the mechanism cannot be actually demonstrated. This attitude naturally shuts her off from about the safest chance offered for readjustment.

The catatonic forms of dementia praecox all presented stuporous manifestations. Our experience has taught us to be cautious in regarding stuporous states, even with well developed catatonic features, as belonging necessarily with dementia praecox. These akinetic disorders which may arise under a variety of conditions, have as a rule, a good prognosis and we hesitate to place such cases in the deterioration group unless the stupor is clearly an incident or a phase in a disorder which has already shown ominous symptoms.

The paranoid types tend to develop later in life. All of the patients except one were above thirty on admission. An interesting group of cases are those women who just before or during the menopause develop persecutory ideas often well formulated at first and accompanied by hallucinations; soon the thought shows incoherence and the ideas take a fantastic form, while emotional reactions remain lively and the general conduct may not be disturbed. These patients in many instances have been rated as entirely normal and efficient in earlier life.

In the hebephrenic forms one finds that a large number of the patients have been constitutionally inferior. This is clear in all the seven cases in this group but one, and in this one complete information is lacking. While a careful anamnesis nearly always shows a gradual decline, the commitment is usually necessary because of an acute outbreak of excitement and odd behavior.

Allied to Dementia Praecox.—The eight cases grouped here showed more or less the dementia praecox type of reaction, but mostly in the form of an acute disturbance not accompanied by positive deterioration traits. Taken altogether the psychoses in this group appeared to have a far more intimate relation with physical causes than the clearly dementia praecox cases. In five of the eight patients definite physical upsetting causes were observed. Three cases were of a stuporous type, and two of these have recovered. Two other cases were excitements with odd behavior combined, however, with some manic features. Two cases exhibited paranoid trends, one of which made a good recovery.

Paranoic Conditions.—In this group were placed five cases. None of these correspond to the restricted paranoia of Kraepelin. Three cases are hallucinatory paranoic states of a progressive form exhibiting more or less systematization in the delusions. No sharp differentiation of such cases from dementia paranoides is possible, yet as they appear to arise in a different way and do not show the deterioration traits of dementia praecox we feel justified in keeping them apart. In one of these cases the psychoses began during an attack of rheumatism, in another there had probably been alcoholic excesses, while in the third no cause could be ascertained.

In two cases the patients' ideas related almost exclusively to infidelity of the husband; in both instances the husband had led an irregular sexual life before marriage and the knowledge of this tended to create suspicions. One of these cases, a "high-strung," imperious, fussy woman, has periodically outbursts of resentment and scolding with increase of her jealous ideas and friction with her environment. The other patient with jealous ideas began to utter these when in the first puerperal period; she also thought poison was administered to her because of the dizziness and weakness she experienced. These ideas subsided after a time, but lighted up again during a period of poor health and have now been retained for a year. In addition to the paranoic trend there is in this case a sensation of mental change and a mild feeling of in-

sufficiency — features which give some hopes that readjustment may yet occur.

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ical Institute,
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Manic-depressive Psychoses.—One-half of the cases in this group recovered within the year. The following tabulation shows the number of attacks in the twenty-four patients:

In the first attack.....	12
Manic	5
Depressive	3
Circular	2
Mixed	1
Delirious	1
In the second attack.....	2
In the third attack.....	4
In the fourth attack.....	3
Over four attacks.....	3

— — —

Pure periodic mania and periodic melancholia appear to be infrequent, and would be still rarer were a good account of the patient's life obtained in every instance. Very often one learns that additional mild attacks (of either depression or excitement) have occurred at home and the case is not really a simple recurrent mania or a recurrent depression. A case in point is that of a woman who has had five maniacal attacks which necessitated hospital care. She never showed any depression while under observation. At first it was stated that there had been no other attacks; later, however, it was learned that between the manic attacks she had experienced several periods of mild depression, with despondency and undue quietness, these attacks lasting only a week or so. Each of the manic attacks, on the other hand, lasted several months.

First attacks, especially excitements, in young girls at or soon after puberty seem to have very often a somewhat atypical form, and differentiation from hebephrenia is not always easily made. One frequently observes after a phase of excitement, often short, but showing more or less clearly manic traits, that the patients settle into a careless, lazy state; are untidy in appearance, simple and silly in manner, giggle a good deal, talk little, and show much indifference. Such a condition may last a month or two and the patient may easily pass as deteriorated.

In two of the depressed cases the disorder took the form of a subjective feeling of motor and mental insufficiency, with dulling

of the emotions, but without any objective retardation (Affective Melancholia of Wernicke).

The case designated as a mixed form was a young girl of eighteen, who was for three months in a state of hyperactivity with elation, smiling, grimacing and playing mischievous tricks, but showing no productivity in speech. On a few occasions in the early part of the attack there were little outbursts of incoherent, flighty talk; but the patient was entirely mute throughout the greater part of the attack. Such a picture has been aptly called an "unproductive mania" and is supposed to arise through a "mixing" of the manic traits of elation and overactivity with the "depressive" symptom of thinking difficulty or emptiness in thought, resulting in reduction of utterances or even mutism. The patient, now convalescent, has a very incomplete grasp on what occurred during the attack.

Allied to Manic-depressive Insanity.—Of the eleven cases in this group, all but three were in the first attack. According to form the cases were distributed as follows:

Depressions	4
Excitements	3
Circular type	2
Resembling mixed conditions	2

The two cases resembling mixed conditions, both in the first attack, show the complex of depression with flighty utterances; but other symptoms, such as peculiar trend of ideas, constrained postures and fixed attitudes, complicate the picture.

An interesting case is a woman of twenty-seven, who has had two previous "nervous breakdowns." The present psychosis began as a depression and then occurred a psycholeptic attack as follows: The patient suddenly felt something "break" in her head and since then there has been a "stoppage of thought," her mind feels "darkened," she can't comprehend things as formerly, and can't make connection with the outside world as previously. As a result of all these sensations she claims to be in a state of mental torture and would rather be dead than stand it. While these complaints express in a way a certain feeling of mental insufficiency, there is no sign of retardation in either thought or action.

Psychasthenia.—The one case in this group, a young woman of twenty-four, had a sexual experience at seventeen, over which she

ruminated and, according to her own account, while preoccupied with this matter, obsessive thoughts began to intrude themselves into consciousness — these take the form of fears that ordinary acts of hers, such as dressing, combing her hair, or any work which she undertakes, may injure those about her; these thoughts, recognized as imaginations, cause her great annoyance and interfere with her daily activity, as she is constantly in doubt and anxiety lest she harm someone. The patient declines to discuss the original sexual incident. Association tests have helped us little in getting nearer the bottom of the disorder. Hypnoidization will be used in the hope of uncovering some of the complexes which evidently exist, though probably as subconscious ideas.

Constitutional Inferiority.— The cases in this group were all young individuals, poorly balanced or inferior in some direction. The attacks leading to commitment were mostly outbreaks of excitement precipitated by friction with the environment. Many of these cases have “tantrums” difficult to differentiate from the outbursts of dementia praecox.

MALE SERVICE

During the year ending October 1, 1907, there have been seventy-nine admissions in the male service, as follows:

Brain tumor	1
Traumatic insanity	1
Psychoses with right hemiplegia and sensory aphasia.....	3
Psychoses with sensory aphasia.....	2
Delirious episode with left hemiplegia and sensory aphasia, and finally total aphasia.....	1
Delirium following (arterio-sclerotic) convulsions.....	1
Depression with right hemiplegia.....	1
Cerebral syphilis	1
Depression with syphilitic paraplegia.....	1
Delirium with tubercular meningitis.....	1
Senile psychoses	4
General paralysis	48
Alcoholic psychoses	7
Dementia praecox	4
Imbecility with episodes	1
Unclassified	2

Of the general paralysis cases, thirty-seven were of the cerebral type and eleven of the tabetic. Syphilis was definitely established in the histories of twenty-nine of the forty-eight. In only a very few cases was the disease denied and its manifestations totally absent. The list includes two juvenile cases, aged sixteen and seventeen, respectively. In one of these heredity was the only etiological factor that could be elicited; the other had had syphilis. Ten cases (seven cerebral and three tabetic) showed focal symptoms of a permanent character. Lumbar puncture done in twenty-three cases gave a definite lymphocytosis in twenty-two and a doubtful result in one case, which later, at autopsy, was found to be general paralysis. Of the cases without paresis which were punctured, three, which showed focal cerebral symptoms, gave more or less positive results; one of these was of undoubted syphilitic origin, the other two probably of similar origin. Three alcoholic cases gave negative reactions.

The case of traumatic insanity was a semi-delirious state following fracture of the base of the skull. Death resulted after several weeks, but autopsy was refused.

During the year there have been twenty-nine deaths, with sixteen autopsies.

REPORT OF THE HISTOLOGICAL LABORATORY FROM OCTOBER 1, 1896, TO SEPTEMBER 30, 1907.

By DR. CHARLES B. DUNLAP, *Associate in Neuropathology*, and
DR. CHARLES I. LAMBERT, *Assistant in Neuropathology*.

The number of cases received for histological investigation from the State hospitals and from outside sources within the year 1906-1907 is tabulated as follows:

Manhattan State Hospital.....	22 cases
St. Lawrence State Hospital.....	21 cases
King's Park State Hospital.....	11 cases
Hudson River State Hospital.....	10 cases
Middletown State Homeopathic Hospital.....	8 cases
Buffalo State Hospital.....	7 cases
Willard State Hospital.....	6 cases
Binghamton State Hospital.....	3 cases
Long Island State Hospital.....	3 cases
Utica State Hospital.....	2 cases
Central Islip State Hospital.....	2 cases
Rochester State Hospital.....	1 case
Gowanda State Homeopathic Hospital.....	1 case
Dannemora State Hospital.....	1 case
Outside sources	3 cases
Total.....	101 cases

In the first annual report of the Institute, in 1904-1905, forty-three cases, received within that year, were tabulated; in the second report, 1905-1906, sixty-six cases were represented; the number for the current year, therefore, almost equals the sum received in the two years preceding.

The plan followed heretofore of giving, under general headings, a short summary of each case, has been employed.

The one hundred cases, with which the present year has to deal, may be grouped anatomically as follows:

GENERAL PARALYSIS — 24 cases.

Without focal symptoms	10
Without focal symptoms, tabetic type.....	6
With focal symptoms	6
Focal (Lissauer's) type	2

CEREBRAL SYPHILIS OF GUMMATOUS TYPE — 3 cases.

ARTERIO-SCLEROSIS — 35 cases.

Without gross focal lesions.....	4
With old focal lesions.....	26
With fresh focal lesions.....	4
With fresh hemorrhage.....	1

TUMORS OF BRAIN OR MENINGES — 9 cases.

TRAUMATIC OR OPERATIVE LESIONS — 3 cases.

PARENCHYMATOUS DEGENERATION — 8 cases.

EPILEPSY — 6 cases.

Without gross lesions.....	2
With gross lesions.....	2
With congenital defects.....	2

MISCELLANEOUS AND UNCLASSIFIED — 13 cases.

The summaries which follow have been grouped under the above headings according to the feature of chief anatomical interest. Many cases might appear under several headings, but it has seemed best to let each appear but once.

GENERAL PARALYSIS

GENERAL PARALYSIS WITHOUT SPECIAL FOCAL SYMPTOMS

Ten cases

No. 215.—*Manhattan State Hospital*: The brain was fairly typical grossly. In the small sections there were characteristic reactions of general paralysis, slight in the right hemisphere, more marked in the left, but still not very

extensive. Spinal cord not available. An alcoholic laborer of fifty-one. No information as to syphilis. Duration of psychosis about three years. The patient presented Argyll-Robertson pupils and ataxia, increased knee jerks and absence of Achilles jerks, and had a previous history of transitory aphasic attacks, with right-sided weakness, but in the hospital there were no clear-cut focal attacks. Used for general cortex studies and for special distribution of the general paralytic process.

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ical Institute,
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No. 283.—*Manhattan State Hospital*: A slightly atrophic brain with thin vessels, semi-opaque pia-arachnoid; the left hemisphere is slightly smaller and yellower than the right. Small ependymal granulations. The microscope showed advanced and diffuse changes of general paralysis in both hemispheres. Rod cells were abundant, and subcortical neuroglia reaction was marked, especially in the left hemisphere, with small subcortical foci of partial destruction. An alcoholic plasterer of thirty-three, who had had syphilis (date not known). His psychosis began in 1904, and he died early in 1907. Speech defect, unsteadiness, irritability and confusion in dates appeared early, but he could give a fair account of himself. Unequal sluggish pupils; exaggerated knee-jerks. In 1905, transitory right-sided weakness, Babinski's sign and paraphasia. Early in 1906, occasional weakness or numbness of the left side, especially the arm. In November, 1906, right-sided weakness and difficulty with speech for one day. Used for special and topographical studies in general paralysis.

No. 284.—*Manhattan State Hospital*: Atrophy of the frontal and parietal lobes, thickened pia, adherent lobes, few ependymal granulations, and considerable thickening and atheroma of the large arterial trunks. The microscope showed the usual changes of general paralysis in the usual distribution. Plasma cells were often degenerate. Optic nerves preserved. Thrombosis of one of the vessels supplying the left third nerve nucleus, with necrosis and diminution of cells on this side. Small old focus of softening in the mid-brain, beneath the right fillet. Slight diffuse thinning of the posterior median columns of the cervical cord. An alcoholic painter of forty-three, who denied syphilis. Lead poisoning with colic and wrist-drop in 1890. Onset of the psychosis about 1896, with irritability and unreasonable actions. In 1899, he was treacherous and abusive, and did absurd things. In 1900, great self confidence. Inequality of knee jerks. He improved and was discharged. In 1902-1903, very somnolent; deterioration rapid.

Hypotonia; left knee jerk absent. He was expansive with marked memory defect, and no insight. The pupils, after some variability, became inactive to light in 1905, and the discs looked degenerated on the temporal margins. Speech and writing defect. Tremor of hands; diminution of pain sense; moderate return of knee jerks. No certain convulsions. Used for special studies in general paralysis and for a mid-brain series.

No. 221.—*St. Lawrence State Hospital*: Macroscopic and microscopic changes of general paralysis without unusual anatomical features in a farmer of thirty-four, in whom no specific history was obtained. The psychosis, which was characteristic, ran its course in two and two-thirds years, and was dated from a fall in which he received some injury to his back. Used for studies in general paralysis.

No. 269.—*St. Lawrence State Hospital*: An atrophic brain covered by dense, tough, thickened pia, with the convolutions finely uneven. Arteries slightly thickened. Ventricular granulations. The usual changes of general paralysis of a rather intense grade were found. The patient was of unstated age, and syphilis was not recorded. The psychosis lasted about two and one-half years, with Argyll-Robertson pupils, exaggerated reflexes and tremors. He had little expansiveness or delusional trend, but dilapidation was progressive. Three slight convulsions occurred towards the end without focalizing symptoms. Used for tissue studies in general paralysis.

No. 282.—*St. Lawrence State Hospital*: A rather small brain with thickening and whitening of the pia; frontal atrophy; adhesions between the lobes, and granulations in the fourth ventricle. The microscope showed the usual changes of general paralysis of slight intensity even in the frontal cortex. Rod cells were few or absent, and the cortex looked well preserved. A contractor of seventy-one who denied syphilis. The onset of the psychosis was undetermined though he had been in public institutions for about fourteen years, but about one and a half years before death examination was first made into his sanity. The symptoms and course were typical after that date; reflexes not recorded. There were numerous convulsions towards the end. Death followed six convulsions which occurred in one day. Used for special studies in general paralysis.

No. 249.—*Binghamton State Hospital*: A brain presenting the characteristic gross and microscopical changes of general

paralysis. A railroad conductor, of middle life, who had a convulsion five years before death, was depressed, irritable and attempted suicide; on admission, four years previous to death, he was disoriented and loquacious, delusional and expansive; progressive mental and physical decay, accompanied by frequent general convulsive seizures. Used for cortex studies.

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No. 293.—*Hudson River State Hospital*: General paralysis, with characteristic gross and microscopic alterations, especially marked in the temporal lobes, and a diffuse degree of arteriosclerosis. A woman of about thirty-five, who had had chorea at ten, and illegitimate relations at twenty-two; she developed manic depressive traits three years before death, and had several general convulsions eighteen months before death; absent knee-jerks but normal pupils; progressive decline; final decubitus and death. Used for special cortex studies.

No. 230.—*Middletown State Homeopathic Hospital*: The brain presented grossly, marked atheromatous changes in the larger arterial trunks, frontal atrophy, and fine granulations in the fourth ventricle. Very slight, but generally distributed and typical lymphoid and plasma cell infiltration of the pia, and of the cortical vessels. The psychosis began with an acute onset, at the age of thirty-seven, and ran its course in twenty-three years. Syphilis is not recorded. The patient showed a typical general paralytic complex, with expansive delusions; memory, judgment and speech defect and increasing dementia. There were various transient paralyzes, or, later in life, more permanent ones; only one convulsion is recorded. This case shows the longest duration of any so far received. Used for topographical and special studies in general paralysis.

No. 238.—*Central Islip State Hospital*: A small brain with moderately thickened, hazy pia, beneath which there is a recent extensive hemorrhage resulting from rupture of a small aneurysmal dilatation of the left Sylvian artery. Typical microscopic changes of general paralysis. A syphilitic Turk of 39, whose psychosis began about six months before death, with emotional instability, depression, confusion and irritability, marked speech disturbance characterized by thick syllabic-gibberish utterances; pupils irregular and unequal, the right larger than the left, general arterio-sclerosis and cardiac lesion. Death after a severe convulsion. Used for cortex and vessel studies.

GENERAL PARALYSIS, TABETIC TYPE, WITHOUT FOCAL
SYMPTOMS

Six Cases

No. 253.—*Hudson River State Hospital*: Spinal cord showing typical tabetic degeneration; characteristic gross changes of the brain, but very slight microscopic evidence of general paralysis in the cortex, but well marked involvement of the brain stem. A drug clerk of unspecified age, with previous syphilis. Onset of tabes nine years before death with Argyll-Robertson pupils, Romberg sign, defects of cutaneous and muscular sensibility, lancinating pains and absent knee jerks; three years before death severe depression and emotionalism; escape while on parole five months before death; on return, one month later, the patient was physically reduced, garrulous, irritable, noisy and violent, with good memory. Decubitus and death. Used for a cord series and special cortex studies.

No. 213.—*Hudson River State Hospital*: A brain of a general paralytic in which the typical gross changes were moderately marked. The microscopic examination is characteristic and of especial cytological interest. An immoral colored woman of fifty-seven, who presented unequal immobile pupils, defective speech, impaired cutaneous and muscular sensibility, absent knee jerks, numerous convulsions, moderate spinal lymphocytosis. Death nine months after commitment. Used for cytological and topographical studies.

No. 206.—*St. Lawrence State Hospital*: A small brain with interlobar adhesions and thickened pia. No ependymal granulations were seen, but typical microscopic alterations of general paralysis were found in the cortex in the usual distribution; some degenerated plasma cells in the infiltrate; tabetic degenerations in the posterior columns of the spinal cord in the upper cervical region. A woman of forty-two; specific history not recorded. A psychosis probably of about two and one-half years duration, marked by somatic delusions of uncleanness; later sluggish pupils and absent knee jerks; positive lumbar puncture. Death from tuberculosis. Used for regional studies and special studies in general paralysis.

No. 251.—*St. Lawrence State Hospital*: A moderately atrophic brain with pial thickening, slight interlobar adhesions, and ependymal granulations. Diffuse changes characteristic of gen-

eral paralysis of almost equal intensity in the paracentral and frontal regions. Little cellular neuroglia; numerous rod cells. Plasma cells mostly in the walls of the small vessels; large numbers of lymphoid cells in the large vessel sheaths. An iron-worker of forty-one; syphilis denied. His psychosis of about one year's duration, began with brooding, emotional disturbance, fears and irritability. Later Argyll-Robertson pupils and absence of deep reflexes; typical speech, writing, and memory disorders. He showed some expansive ideas, but was often depressed. Used for special studies in general paralysis.

No. 258.—*Buffalo State Hospital*: General paralysis with double optic atrophy and arterio-sclerotic changes of the larger cerebral vessels. A male milliner of forty-four, whose psychosis began ten months previous to death with expansive delusions, restless excitement, incoherence and marked euphoria; external strabismus and lateral nystagmus, the right pupil larger than the left, Argyll-Robertson condition, progressive optic atrophy, absent knee jerks, incoördination and tremor. Death from broncho-pneumonia. Used for cortex studies and an optic nerve series.

No. 244.—*Manhattan State Hospital*: Frontal atrophy, some unevenness of convolutions, ventricular granulations, and very thin basal blood vessels. Advanced general paralysis with plasma cells predominating in the infiltrate. The central cortex is quite as badly damaged as the frontal region, if not more so. A left-handed salesman of forty-five, who had syphilis before twenty. His psychosis ran its course in about two years, beginning with poor memory, defective speech and untidiness, later expansiveness, without insight. Gait unsteady; knee-jerks absent; writing and speech defective. About seven months ante-mortem, occurred paraphasia and transient weakness in the left arm; these disappeared in two weeks; transitory left hemianopsia supervened. Two days before death, a convulsion with symptoms of left hemiplegia, left Babinski sign, and left hemianopsia. Used for special studies in large sections.

GENERAL PARALYSIS, WITH FOCAL SYMPTOMS

Six Cases

No. 217.—*Manhattan State Hospital*: A brain deformed by lateral pressure. Pial thickening and abundant exudate. Thin blood vessels. No gross ventricular granulations were seen. The

microscope showed an acute purulent meningitis plus the classical anatomical changes of general paralysis which were intense in both the central and frontal areas. There were many degenerate forms of plasma cells. An alcoholic salesman of forty-four, with no definite history of infection, who presented typical features of general paralysis, and had, at short intervals in the fall of 1906, transitory left-sided and right-sided weakness. Death from broncho-pneumonia; decubitus. Used for cell studies and topographical studies.

No. 218.—*Manhattan State Hospital*.—A brain which showed slight hemorrhagic pachymeningitis; subcortical softenings under R.F₃, dependent upon advanced arterio-sclerosis, with marked intimal proliferation, in the right mid-cerebral artery. Diffuse but slight changes of general paralysis. Great loss of nerve fibres in the softened area, with a coarse cellular and fibrous neuroglia reaction. A night watchman of forty-two, with a vague history of venereal infection. At thirty-three, left hemiplegia and residual weakness. His psychosis of about two years duration began at forty, and at times he had convulsions involving especially the left side, or the left side twitched after them. Used for local studies, and comparative study of cortex alterations in large slices.

No. 262.—*Manhattan State Hospital*: An extremely arterio-sclerotic atrophic brain with gross and microscopic alterations of general paralysis; old softenings in the left calcarine cortex and the dorsal aspect of the left cerebellar lobe. Marked atheromatous degeneration of the cerebral vessels; thinning of the right optic nerve and right pons by pressure from tortuosity in the contiguous vessels. An intemperate barber of sixty; syphilis probable at about twenty-four; onset of psychosis at fifty-five, with defective memory, absent-mindedness and a convulsion at fifty-eight, when he was committed, with confusion, marked memory defect, indistinct speech, sluggish irregular pupils, tremulous scrawl, absent knee-jerks, right Babinski sign, peripheral arterio-sclerosis; spinal pleocytosis; development of right hemianopsia; rather frequent light convulsive seizures, general or oftener left-sided, with transitory blindness and episodes of restless confusion. Used for special cortex studies and a partial series.

No. 271.—*Manhattan State Hospital*: A medium-sized brain with general atrophy. Pia thickened and milky. Thin blood vessels. No gross lesions. The microscope showed marked pre-frontal atrophy with disturbance of layering, dropping out of cells

and typical changes of general paralysis. The paracentral lobules and also the frontal cortex showed marked vascularity and infiltration. Considerable infiltration of the medulla oblongata. No special localization of the process, aside from the prefrontal atrophy. An alcoholic laborer of twenty-six. Syphilitic from unknown date, with a psychosis of about two years' duration. In January, 1906, an attack with residual reduction of speech. About nine months later an apoplectiform attack with transitory right-sided weakness, hemianopsia and aphasia. The aphasia became permanent later. In January, 1907, irritative symptoms (twitchings of left face and arm, then of right) appeared on both sides, and there was inconstant left hemianopsia, which was present, however, during the last week of life. Used for special and topographical studies in general paralysis.

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No. 274.—*Manhattan State Hospital*: A large brain with diffuse atrophy, and thickened gray pia; rusty discoloration in the lower half of the left hemisphere, without focal atrophy. Marked ependymal granulations. The microscope showed diffuse typical changes of general paralysis more marked in the frontal and prefrontal regions, especially in the left prefrontal. A destructive lesion with much subcortical neuroglia reaction in the left temporal lobe involving especially T₁. No recognized involvement of the projection fibres (crura cerebri). A temperate laborer of forty-seven, without history or evidence of syphilis, whose psychosis, which appeared some months after a street car accident, was of about two years' duration. The pupils did not react to light; kneejerks absent; gait stiff and unsteady; coarse tremors. Convulsions in March, 1906, followed by *right hemiplegia* from which he recovered in seven weeks. A fall in May, 1906, with probable fracture of the base of the skull, followed by delirium and *aphasia*. Right-sided convulsions July 10, 1906, with paralysis of right face, weakness of right arm, and loss of speech; later, jargon. A series of attacks December 4, 1906, with twitching of the right face and right-sided weakness of two days duration. Used for special studies in general paralysis.

No. 285.—*Manhattan State Hospital*: An atrophic brain with slight unevenness of the cortex and thickening of the pia, more marked on the right. Large blood vessels, somewhat thick, but not atheromatous. No plain ependymal granulations. An old lesion of arterio-sclerotic origin in the pons region involving the right-sided projection bundles. Advanced changes typical of gen-

eral paralysis, with much diffuse spider-cell reaction and devastation of the cortex in the right anterior central convolution, lower half. The Betz cells of this convolution are few, and stain darkly. Endarteritis of obliterating type in the basilar artery, with organization of the intima, and production of new elastic membranes. The patient, aged forty-three, had syphilis in youth. Transitory right-sided weakness with speech difficulty in 1897. Later in this year left hemiplegia with persistent residuals. In 1906 a development of classical general paralysis of cerebral type. Death two days after an apoplectiform attack. Used for a series of the hind-brain and special studies in general paralysis.

GENERAL PARALYSIS, FOCAL (LISSAUER'S) TYPE

Two Cases

No. 226.—*Utica State Hospital*: Focal general paralysis with thickening and opacity of the pia, and marked cortical atrophy over the left lateral convexity, particularly over the parieto-temporal and Rolandic region, where the tissues have a spongy consistency; only slight frontal and prefrontal atrophy; characteristic microscopic changes of general paralysis, most apparent in the left hemisphere, especially in the temporal lobe. An Italian brass worker of twenty-five, with a history of an isolated convulsion at fifteen; onset of psychosis three months previous to death, ushered in with a right-sided convulsion of Jacksonian type, frequently recurring during the rapid progress of the physical and mental deterioration. Used for special topographical studies.

No. 276.—*Middletown State Homeopathic Hospital*: An asymmetrical, atrophic brain, the atrophy being especially accentuated in the left hemisphere, posterior portion, which is withered and somewhat softened. Pial cloudiness, and a rusty subdural membrane on the left. Blood vessels small, but apparently competent. Fine unevenness in the fourth ventricle. The microscope showed typical and intense changes of general paralysis in the left hemisphere. Similar but slight changes in the right. Numerous rod cells in the left. A colored woman of forty-four, of immoral habits. A "bad disorder" twelve years before death. The onset of the psychosis is somewhat uncertain, but certain symptoms appeared four years before death. An apoplectic seizure in October, 1904, with right-sided paralysis. On admission she had memory and speech defect, probable rigidity of pupils, exagger-

ated knee jerks and tremors. She dragged the right foot, used the right arm and hand little. Convulsive attacks occurred in April, 1906, in which the head and eyes usually went to the right, and the right upper extremity was usually rigid, while the left was jerky or flaccid. Much physical and mental decline. Towards the last the right face twitched and the mouth was drawn to the right. She could not be understood, but tried to talk. Death, June 19, 1907. Used for topographical study and special studies in general paralysis.

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CEREBRAL SYPHILIS, GUMMATOUS TYPE

Three Cases

No. 243.—*Manhattan State Hospital*: General pial cloudiness, frontal atrophy, marked diffuse thickening of large arteries with reduction of their calibre due to endarteritis of the obliterating type. Ventricular granulations. Gummata; one in left centrum semiovale, but connected with the pia of the insula, another in the right parieto-occipital fissure. Syphilitic meningitis of varying grade, with slight extension into the cortex. An old lesion of vascular origin in the right internal capsule and thalamus; another in the left side of the hind-brain, involving the pyramidal fibres and producing a right hemiplegia. The patient was an alcoholic watchman of forty-seven; syphilis in 1891. Neurological incidents; a transitory squint in 1900, with thickness of speech and staggering. Loss of power in the right leg, speech affected, in 1901; permanent impairment of gait resulted, and several transitory paralyses of the right arm followed. Sudden paralysis of the left arm in 1903. A period of semi-consciousness for a week in 1905, also a ptosis of the left eye. Knee and Achilles jerks exaggerated, especially on the right. Right ankle clonus. Double Babinski sign in October, 1905. Death in coma three days after a general convulsion. Used for right hemisphere series, and for special studies in brain syphilis.

No. 288.—*Manhattan State Hospital*: A brain with moderate thickening and cloudiness of the pia over the superior convexity, more particularly over the left prefrontal convexity, and the orbital surfaces, where it is from one to three millimeters thick, and on microscopic examination is found to be infiltrated with lymphoid and plasma cells; occasional gummata are also seen in these areas. The cerebral vessels are diffusely thickened and a

small softening occurs in the ventral aspect of the left cerebellar hemisphere. A man of fifty-nine, who gave a history of venereal infection and trauma years before. His psychosis began in 1906, with headache, drowsiness, and impaired vision; the pupils reacted neither to light nor accommodation, and hearing was defective. He used drugs constantly on account of his headaches. In January, 1907, mental confusion followed by convulsions and long-continued delirium from which he gradually cleared up. He passed into coma and died in July, 1907. Used for special cortex studies.

No. 289.—*Middletown State Homeopathic Hospital*: A large brain with thickened, cloudy pia; a gummatous plaque in the beginning of the right Sylvian fissure which embeds and almost occludes the Sylvian artery, without producing visible lesions in its distribution. The left Sylvian artery is collapsed beyond the first branch, with fairly fresh softenings about the Sylvian fissure, especially in the supramarginal gyrus, T₁ posteriorly, and the transverse temporal gyri. Syphilitic tumor in the pia over the pons. Granulations in the fourth ventricle. The microscope showed the tumor and plaque to be gummatous, and the blood vessels presented marked endarteritis of specific origin. A laborer of thirty-seven; syphilis in 1902, mental symptoms in 1906. Duration of psychosis about one and a half years. He was careless, despondent, mistook persons, always seemed sleepy. His speech was thick and slurring, and he seemed not to understand. Memory and orientation poor. Exaggerated reflexes. Death in July, 1907, from catarrhal pneumonia and cerebral syphilis. Used for tissue and vessel studies.

ARTERIO-SCLEROSIS

ARTERIO-SCLEROSIS WITHOUT GROSS FOCAL LESIONS

Four Cases

No. 248.—*Hudson River State Hospital*: Marked arterio-sclerosis of the larger cerebral vessels, general brain atrophy affecting chiefly the medullary substance with lacunar softenings and sclerosis. (Abstract not available.)

No. 266.—*Hudson River State Hospital*: An arterio-sclerotic brain with a thin pachymeningitic membrane overlying the frontal convexity, a hazy thickened pia over the same area, athero-

matous degeneration of the larger cerebral vessels. An extremely alcoholic woman of eighty-five, whose psychosis began two years before death with persecutory delusions, restlessness and irritability; her memory was weak, she was poorly oriented and her attitude and manner were simple and childish. Death from valvular heart disease and broncho-pneumonia. Used for special cortex and vessel studies.

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No. 205.—*St. Lawrence State Hospital*: An atrophic brain, with double optic atrophy, and marked arterio-sclerosis of the large arteries. Microscopic examination showed no specific changes. A laborer of sixty-two, without much past history, who was childish and showed memory defect and disorientation. Complete blindness. Corneal scars on both eyes, the left collapsed, the right showing beginning cataract. Death from pulmonary abscess. Used for series of the optic apparatus.

No. 261.—*Manhattan State Hospital*: An arterio-sclerotic brain with a diffusely thickened pia-arachnoid and moderate cortical and medullary atrophy. An alcoholic and syphilitic long-shoreman of sixty, the onset of whose psychosis was insidious; one year before death shameless and foolish conduct, with headaches, restlessness and irritability. On admission, seven weeks before death, a speech disorder of a paraphasic nature; arcus senilis; peripheral arterio-sclerosis; exaggerated knee jerks; sluggish pupils; death following facial erysipelas. Used for a partial series.

ARTERIO-SCLEROSIS, WITH OLD FOCAL LESIONS

Twenty-six Cases

No. 208.—*Kings Park State Hospital*: An atrophic, arterio-sclerotic brain with internal hemorrhagic pachymeningitis; old, yellowish, fairly symmetrical softenings in the right and left prefrontal regions which extend into the second frontal convolutions of both hemispheres. Similar softenings in L. T.₁ and ₂; smaller multiple softenings in the left paracentral, left angular and left orbital cortex. A feeble, arterio-sclerotic man of sixty-nine, who showed increasing apathy and extreme dementia. Three years preceding death occasional epileptiform convulsions which increased in severity towards the end. He became totally helpless and developed contractures of the lower extremities. Death followed a severe convulsion. Used for a series.

No. 232.—*Kings Park State Hospital*: General cerebral arterio-sclerosis of the larger trunks with obliteration of the right middle cerebral artery; a thickened, hazy pia, right-sided temporo-parietal softening involving R.F₂, R.F₃, the inferior third of the anterior (central) convolution, the insular cortex, the post central convolution in its middle third, the supramarginal and the temporal convolutions, the latter being affected by an atrophic sclerotic process. An intemperate woman of fifty-nine, probably syphilitic, who began to have epileptiform convulsions at forty, and for the last seven years has been disoriented with defective memory, delusional, erotic and filthy, with external strabismus and wide pupil of the right eye; mobile pupils, unsteady gait, slight Romberg sign, increased reflexes, tremor of tongue and fingers, indistinct speech. Death from broncho-pneumonia. Used for special cortex and vessel studies and partial series.

No. 247.—*Kings Park State Hospital*: Arterio-sclerosis of medium grade in the large basal blood vessels, with moderate frontal atrophy, considerable pial whitening, and an old softening in the right cuneus which involves, to some extent, the calcarine cortex. Softenings of smaller size in the right occipital tip and in the left parieto-occipital region. (Abstract not available.)

No. 254.—*Kings Park State Hospital*: An arterio-sclerotic, atrophic brain with a diffusely though moderately thickened pia, a small focus of softening in the right lenticular nucleus: in an alcoholic tobacconist of sixty-seven, whose psychosis began four years before death with an hallucinatory episode. He became restless and irritable with marked impairment of memory, tremulous tongue, slurred dysarthric speech without paraphasia or perseveration, sluggish pupillary reaction, myosis two years later. Used for special tissue studies in the group of arterio-sclerotic cases.

No. 266.—*Kings Park State Hospital*: An atrophic arterio-sclerotic brain, slight hemorrhagic pachymeningitis, multiple small cortical softenings over the convexity, atrophic diffuse softenings in the orbital surfaces and the left temporal lobe: in an intemperate laborer of eighty, admitted from the penitentiary three years before death; disoriented, restless, irritable, confused and irrational; progressive physical and mental enfeeblement until death. Used for special cortex studies.

No. 275.—*Kings Park State Hospital*: An arterio-sclerotic, atrophic brain with occasional small cortical softenings over the

convexity, especially over that of the right temporal lobe, and marked arterio-sclerosis of the larger cerebral vessels: in a woman of seventy-six, whose psychosis began forty-one years previous to death with the early signs of deterioration, incoherence, excessive laughing and mumbling which increased with advancing years. Used for local topographical cortex studies.

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No. 229.—*Buffalo State Hospital*: An arterio-sclerotic brain with softening of R. F.₃, the post central, supramarginal, angular, T₁ and T₂ and the mesial aspect of the first frontal convolution and paracentral lobule of the right hemisphere. In the left hemisphere there is a small softening in the supra-marginal region. In relation to these softenings partially obliterated or entirely occluded vessel lumina were identified. A nervous, woman of fifty-seven, who had a slight left-sided paralytic attack at forty-five (regarded as of syphilitic origin), and fainting spells since then; onset of psychosis about four years before death, a left hemiplegic attack two years before death, pupils dilated, mobile, irregular, right larger than left; impaired sensibility on left side, increased left reflexes, left Babinski sign, awkward steppage gait; deviation of tongue to the left; defective memory and speech, slight paraphasia. Otitis media. Complaint, dull, drowsy, at times noisy. Progressive crumbling of physical and mental health; terminal decubitus. Used for special histological studies and a partial series.

No. 256.—*Buffalo State Hospital*: An atrophic arterio-sclerotic brain with an old small softening on the internal aspect of the left occipital apex, another in the left parieto-occipital region; atheromatous degeneration of the larger cerebral vessels, especially the posterior cerebral. A boxmaker of seventy-six, originally committed in 1875, when he was noisy, destructive and delusional; transferred ten years ago, much deteriorated. The pupils were unequal, the left dilated, Argyll-Robertson condition, thick, unintelligible speech, exaggerated reflexes, unsteady station and gait. Used for studies in arterio-sclerosis.

No. 257.—*Buffalo State Hospital*: A small brain; the pia is hemorrhagic, slightly thickened over the superior frontal convexity; a recent softening of L. F.₃ and the inferior part of the left anterior central convolution; a subcortical softening beneath the left supra-marginal, the posterior third of T₁ and the posterior transverse temporal gyrus cutting into the inferior limb of the post central convolution anteriorly and extending backward beneath the an-

gular gyrus toward the lateral ventricle; marked arterio-sclerosis of the larger cerebral vessels, especially those of the left hemisphere: in a left-handed woman of sixty-eight, whose psychosis began four years before death with a rather transitory right hemiplegia and dysarthria; crossed aphasia, shown by transitory inability to speak, later permanent difficulty, with palsy of right side and numbness of the lips; subsequently merely cyanosis, numbness and weakness of right hand and numbness of lips (tongue free) and moderate exaggeration of right tendon reflexes. Transitory dyspraxia or confusion. Aphasic disorder; spontaneous speech fair, easily blocked by a blunder in word finding, "he" or "him" used for "she" or "her;" paraphasia merely of the order of trying and rejecting; repetition and naming blocked; recitation of series easily confused, but she correctly criticised others; inability to spell, but correct composition of words from spelling; reading of letters correct or words with many errors; writing refused. Used for vessel and cortex studies and a partial series.

No. 259.—*Buffalo State Hospital*: A markedly atrophic arterio-sclerotic brain (900 gms.) with moderate "cauliflower-like" atrophy of many of the convolutions, particularly of L.F₂ and the left anterior central convolution; atheroma of basal vessels; contracted liver and kidneys. A woman of sixty, admitted twenty-six years previous to death in a catatonic excitement with subsequent development of elaborate paranoid trends. Death from oedema and heart failure. Used for special cortex and vessel studies.

No. 200.—*St. Lawrence State Hospital*: An arterio-sclerotic brain with moderate prefrontal atrophy, large multiple softenings in both hemispheres, involving R.F₃, the inferior parts of the right anterior and post-central convolutions, the posterior marginal cortex of the intraparietal fissure, the supramarginal and angular gyri and foci in R.T₁ and R.T₂, and the left calcarine cortex. A farmer of fifty-one, whose psychosis began at thirty-five with an anxious depression. His gait was unsteady; pupils were contracted; pulse 104, shortly followed by an unconscious episode supposed to be hysterical. A variable depressed state continued. He became more irritable and seclusive, and two years before death gradually developed a left hemiplegia with exaggerated reflexes, clonus and Babinski sign, defective cutaneous and muscular sensibility on the same side, partial recovery of left-sided

functions before death. Total blindness, left sacral decubitus, death from tuberculosis. Used for a series.

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No. 214.—*St. Lawrence State Hospital*: An arterio-sclerotic brain with an old shriveled softening involving L.F₃, the inferior third of the left anterior central convolution, and slightly the adjacent cortex of the post-central convolution, with obliteration of the lumen of the vessels supplying the affected area. An intemperate farmer of forty-nine, who had a sunstroke two years before death and was committed one year later, after an episode of excitement and incoherent talk. He became more restless and resistive, and six months preceding death developed a right hemiplegia with motor aphasia, which cleared up considerably shortly before death. Increase of right knee jerk, right Babinski sign. Used for series, cortex and vessel studies.

No. 278.—*St. Lawrence State Hospital*: An arterio-sclerotic brain with "cauliflower-like" atrophy, particularly of the right hemisphere in the distribution of the middle cerebral artery, which presents an anomaly in branching (a small aneurysmal dilatation at the division of the middle cerebral into its primary branches). A bookkeeper of forty-six, whose psychosis began seventeen years before death with an epileptiform attack and transitory left hemiplegia and hemianaesthesia, succeeded by the development of remitting choreiform movements; hypochondriacal depression, suicidal impulses and general irascibility; preceding death, slurring speech, motor and sensory disorders, especially in the left upper extremity and face, and exaggerated reflexes on the same side. No ankle clonus or Babinski sign. Used for local vessel and topographical studies.

No. 294.—*St. Lawrence State Hospital*: A small atrophic brain with a few hemorrhagic spots on the frontal poles. Atrophic convolutions, especially left-sided. The chief arterial trunks are very small, and in places almost obliterated by endarteritis. An old softening involves the right caudate nucleus, corona radiata, and internal capsule; the right pyramid is small; the corpus callosum is furrowed and atrophic. A small defect in the head of the left caudate nucleus. Microscopically, the blood vessels show marked proliferative endarteritis, with organization and rechanneling of the thickened intima. Some small anastomosing twigs were found between large branches of the left Sylvian artery. The patient was a rather inferior woman of thirty; syphilis is not recorded. Ten years before death, after a fright, paralysis

of the left arm, with extension to the left leg, later spasticity and increase of left-sided reflexes. On account of the paralysis she was bed-ridden for five years, at the end of which time she sometimes laughed in a silly manner and was slightly depressed. Later a vague delusional trend developed, with poor memory and grasp, and she progressed to profound deterioration. Paralysis of the right internal rectus muscle was noted. Death in August, 1907, from pneumonia and pleurisy with effusion. Used for series and special studies of blood vessels and cortex.

No. 219.—*Manhattan State Hospital*: An arterio-sclerotic brain with marked atheromatous degeneration of the larger cerebral vessels; thickened semi-opaque pia, lacunar degeneration of the medullary substance, especially marked in the basal nuclei and occipital lobes, but fair integrity of the cortex; moderate atrophy of the optic nerves. A man of fifty-eight, with an incipient right-sided weakness and speech defect three years before death, progressing to physical invalidism and mental breakdown and commitment two weeks before death. His memory was defective; he was disoriented, restless, erotic and jealous, with hallucinatory episodes. He dragged his left foot and complained of subjective weakness of the right side. Deep reflexes were exaggerated, no Babinski sign. Albuminuria. His speech disorder consisted of confused paraphasic utterances with marked perseveration and inability to carry out even slightly complicated spoken commands. Used for topographical and local arterio-sclerotic studies.

No. 270.—*Manhattan State Hospital*: A brain with moderately thickened pia, especially on the right side; two foci of recent softening in the inferior third of the left anterior central convolution and the foot of $L.F_3$, other older softenings involve the posterior third of $L.T_1$ and the contiguous anterior and posterior transverse temporal gyri extending backward and inward. In the right hemisphere an old yellowish sclerotic softening destroys the cortex and marrow of the convolutions bordering the Sylvian fissure, namely, $R.F_3$ and the foot of $R.F_2$, the inferior margin of the anterior and posterior central gyri, the inferior half of the supramarginal gyrus and the posterior half of T_1 . An alcoholic man of fifty-five. At thirty-five and from thirty-seven to forty-two, convulsions; merely attacks of headache till fifty; then, in June, 1902, left hemiplegia with left vasomotor disorders; in 1903 several convulsions beginning on the left side; trephining with-

out result; in December, 1904, paralysis of tongue and deglutition, with inability to understand and to speak, but conversation in writing and later only slight paraphasia; February 4, 1907, convulsion of left hand and leg; jaw and face set; evident simple paraphasia; March 17, 1907, paralysis of deglutition, aphemia, partial receptive disorder, odd fluctuation of visual fields. Coma. Used for a partial series.

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No. 286.—*Manhattan State Hospital*: An arterio-sclerotic, atrophic brain, with a diffusely thickened pia; multiple cortical and subcortical softenings of both recent and remote origin and character, one in L.F₃ and the inferior third of the adjacent anterior central convolution, another in the calcarine region of the left occipital lobe, another in R.F₁ and the adjacent fornicate gyrus, an irregular area of softening in the right parieto-occipital lobe, and another on the basilar aspect of the left cerebellar lobe. An alcoholic laborer of sixty-one, with syphilitic scars, long standing heart trouble, symptoms of motor aphasia since an apoplectic attack one year previous to death. Slight weakness of left leg with increased knee jerk, weakness of right face, defective vision. Used for topographical cortex study and partial series.

No. 296.—*Manhattan State Hospital*: Old softenings, on a peculiar arterio-sclerotic basis, see below. One in the mesial aspect of the left hemisphere destroys L.F₁, the anterior half of the paracentral lobule, and undermines L.F₂ somewhat; another in the right cuneus cuts across the right calcarine fissure and extends into the temporal lobe; a very small one in the annectant gyrus which connects R.F₃ to the central cortex. The vessels leading to these softenings are, for short distances, shriveled and brownish-yellow, but elsewhere only moderately thickened and of good calibre. The patient, a man of unknown age, showed thick speech in 1902, and said only "yessir" when addressed. Complete right hemiplegia in 1903, with aphasia; contractures followed. In 1905, he could not protrude his tongue, and speech was unintelligible. In 1906 he paid no attention to questions and was inaccessible. In 1907 hemianopsia tests were not conclusive. Four days before death he could not speak, but understood to some extent simple commands. Death in July, 1907, from tuberculosis and inflammation about the gums and jaw. To be used for series, and special vascular studies.

No. 199.—*Willard State Hospital*: A brain with thickened, hazy pia; old irregular, fairly symmetrical softenings involving

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the orbital cortex and the temporal lobes of both hemispheres; multiple softenings in R.T₁ and ₂; arterio-sclerosis. An alcoholic individual of seventy-three, with a psychosis of about three years' duration, beginning with auditory and visual hallucinations; progressive impairment of memory and increasing dementia. Periods of confusion and excitement, together with frequent recurrent convulsions. Used for a series.

No. 224.—*Willard State Hospital*: A brain of medium size; some pial thickening and grayness; thickened and atheromatous arteries; small softenings in R.F₂, and left prefrontal. Moderate general atrophy, somewhat more noticeable in the left central convolutions (lower part); fine ependymal granulations. Lymphoid and plasma cells in the pia-arachnoid, and in the sheaths of the large extra-cortical blood vessels; endarteritis of obliterative type with frequent degeneration in the intima, and only occasional organization of the latter. An alcoholic hotel keeper of fifty-two. Syphilis about three years before death. His psychosis began a year or more before death (date uncertain) with partial paralysis of the right arm, deterioration in business capacity, physical decline, restlessness and delusions of persecution. Later he showed defective grasp, memory, speech, and judgment; marked tremor, tottering gait, normal pupils and exaggerated knee-jerks. Used for tissue studies, and special studies in arterio-sclerosis.

No. 234.—*Middletown State Homeopathic Hospital*: An arterio-sclerotic brain with discrete general pitting of the cortex due to small wedge-like softenings, especially marked in the cortex over the parieto-occipital convexities, the marrow being but little affected; marked atheroma of the cerebral vessels. A temperate, obese, feeble old man of seventy-nine, with heredity. Onset one year previous to death, following septicemia and pneumonia, he had become emotionally unstable, then disorderly, with much purposeless activity and apprehensiveness, visual hallucinations, marked memory defect, incoherent speech, paraphasia and perseveration, flaccid paralysis of right face; protrusion of the tongue to the left; straddling gait; absence of deep reflexes. Used for special cortex and topographical studies in arterio-sclerosis.

No. 235.—*Middletown State Homeopathic Hospital*: A brain in excellent condition considering age (seventy-four), full convolutions and firm cortex, except for a small softening in the right superior parietal lobule; small vessels comparatively free

from arterio-sclerotic changes; heart small (120 gms.), general arterio-sclerosis. A former steady drinker of seventy-four, subject to indigestion and headache, who became suspicious and restless with episodes of bewilderment and hallucinations twelve years before death. For the last six or seven years had suffered numerous transitory shocks followed by confusion and delirium, variable moods, exalted ideas, and numerous delusions and fabrications; two years before death a right-sided flaccid paralysis came on with transitory dysarthria. The year previous to death he became progressively more feeble with increasing headaches, nausea and vertiginous attacks, decubitus and death. Used for special cortex and vessel studies.

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No. 239.—*Utica State Hospital*: An arterio-sclerotic, atrophic brain with a thickened semi-opaque pia; several softenings, one involving the foot of L.F₂ and the adjacent cortex of the anterior central convolution, another R.F₂ and 3 and the adjacent anterior central cortex and another extensive softening on the basilar aspect of the temporo-occipital lobe; marked atheromatous degeneration of the larger cerebral vessels. An intemperate man of sixty-two, insane fourteen years ago, ten years freedom since, two years previous to death suspicious, delusional, confused, disoriented, disorderly and homicidal; right temporal hemianopsia, absent knee-jerks, cardiac lesion; one year later failing compensation, six weeks before death an attack of syncope, left pupil larger than right, inability to reply to questions, no muscular paralysis. Used for cortex and vessel studies and partial series.

No. 209.—*Hudson River State Hospital*: A markedly atrophic brain (890 gms.) (R.H 325 gms., L.H 413 gms., cerebellum 152 gms.). No apparent gross cerebral arterio-sclerosis or gross softenings, no evidence of general paralysis. A diabetic man of fifty-six, with peripheral arterio-sclerosis, whose psychosis began two years before death with an hallucinatory episode. He became disoriented and incoherent, without insight. Romberg sign was present; gait unsteady; left-sided contractures developed during the last few months of life. Heart enlarged; pulse 110. Used for a partial series and special cortex studies.

No. 250.—*Binghamton State Hospital*: An arterio-sclerotic, atrophic brain; moderate thickening of pia; pitting of the temporal tips; old softening on the superior cerebellar surface; optic atrophy. A woman of sixty-six, whose psychosis began seven years previous to death as an anxious depression with periods of

confusion and excitement; unequal pupils and much vertigo; three years later beginning optic atrophy and defective hearing, both of which became progressively worse; exophthalmos of the right eye somewhat later; toward the last, petulance and emotionalism; great muscular weakness and frequent attacks of vertigo. Used for cortex studies and a partial series of the basal nuclei, including the optic apparatus.

No. 220.—*Gowanda State Homeopathic Hospital*: Extensive old lesions on an arterio-sclerotic basis, in the basal aspect of the left temporal and occipital lobes involving the fusiform and lingual gyri (posterior cerebral distribution), also in L.F₁ and the anterior part of the paracentral lobule (anterior cerebral distribution). Complete or partial occlusions were found in the afferent arteries to these lesions. A patient of seventy-six with marked memory defect, slowness of comprehension and suicidal tendencies. About eight months before death a stroke, with complete paralysis of the right arm (but not of the fingers) and of the right leg. Pain and touch sensation apparently correct. Slight contractures appeared in about eight weeks. He regained the use of his right hand, but not of the shoulder or elbow. Used for a series.

ARTERIO-SCLEROSIS, WITH FRESH FOCAL LESIONS

Four Cases

No. 211.—*Kings Park State Hospital*: An atrophic, markedly arterio-sclerotic brain, with a thickened, hazy pia, tortuous and sclerotic vessels; recent softenings in the right temporo-parietal region involving R.F₂ and R.F₃, the temporal tip, R.T₁, the transverse temporal, the supra-marginal gyrus, and the cortex of the island. A woman of sixty-eight, whose psychosis began sixteen years before death with visual and auditory hallucinations and a delusional trend; later some expansiveness, normal moods alternating with those of excitement. Memory defective, insight absent. Orientation incomplete; seven weeks preceding death an attack of left hemiplegia. Used for partial Marchi series of the right hemisphere.

No. 212.—*Kings Park State Hospital*: The brain showed partial or complete arterio-sclerotic occlusions in the right middle cerebral distribution with resulting fresh softenings in the right lower frontal and lower central cortex, in the supra-marginal and

angular gyri, and in the right first temporal convolution. An older softening in the right cuneus. An intemperate woman of forty-nine, with a history of previous mental attacks. A depressive delusional condition and poor physical health, with epileptiform convulsions for at least six years before death. Finally, about nine weeks before death a fall with unconsciousness followed by persistent left hemiplegia. Used for partial series by Marchi's method.

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No. 231.—*Kings Park State Hospital*: A markedly arterio-sclerotic brain with lacunar foci in both of the caudate nuclei and the right internal capsule. An emaciated, feeble old woman of sixty-four, whose psychosis began two years before death with an agitated depression, wringing of hands and talking to herself, increasing confusion, extreme dementia and disorientation with growing somnolence, frequent fainting attacks, and four months before death a right hemiplegia with aphasia. Used for both cortex and fiber-tract study.

No. 252.—*Binghamton State Hospital*: An arterio-sclerotic atrophic brain with moderate atheromatous degeneration of the larger vessels, recent softening in the posterior half of the supra-marginal gyrus and the anterior half of the angular gyrus. (Abstract not available.) Used for cortex studies.

ARTERIO-SCLEROSIS, WITH FRESH HEMORRHAGES

One Case

No. 290.—*Middletown State Homeopathic Hospital*: An arterio-sclerotic brain with somewhat thickened and atheromatous blood vessels showing considerable anomaly in their branching; a recent hemorrhage in the outer margin of the right putamen along the external capsule. A woman of sixty-two with an apoplectic family history, paranoic and hallucinatory episodes for four years before death; one week before death, left hemiplegia and hemianæsthesia with increased knee jerks and Babinski sign. Used for cortex and vessel studies.

TUMORS OF THE BRAIN OR OF THE MENINGES

Nine Cases

No. 204.—*Willard State Hospital*: A thin, tense pia stretched tightly over a swollen brain; multiple gliomata of ependymal type, one involving the splenium of the corpus callosum, another near the

center of the left temporal lobe, and another beneath the left parietal gyrus. A laborer of forty-nine, who presented a semi-delirious mental confusion with headache, vertigo, vomiting and an inordinate appetite; left pupil larger than right, dullness over the left parietal region, staggering gait, absent knee-jerks and double Babinski sign. Used for topographical tumor studies and Marchi series.

No. 279.—*Willard State Hospital*: A diffuse glioma of the pons and cerebellum, most marked on the right side; compression of the fifth, sixth, seventh and eighth cranial nerves especially on the right side; pitting of the temporal tips; small cerebral vessels; absence of compression of convolutions. A farmer of forty-eight, with trauma of the head four years previous to death. Onset of psychosis with headache, vertigo, mental confusion, fabrications, hallucinations and catalepsy-like spells six months before death. At the hospital he preferred to lie on the right side; there was ptosis of the right lid, defective sensibility of the right corneal and buccal mucous membrane and right face, paralysis of the right external rectus, paresis of the right face and left-sided paresis of the body, with disturbed sensibility and increased deep reflexes on the same side. Used for local tumor studies.

No. 207.—*Kings Park State Hospital*: An ependymal glioma involving the thalamus, internal capsule and lenticular nucleus of the left hemisphere with a recent hemorrhage in the lenticular nucleus in the external margin of the tumor; the pia is thin and stretched tightly over the somewhat flattened convolutions. A man of fifty-three, committed eleven years previous to death with a history of intemperance and several attacks of excitement from which he had recovered. On admission he was loquacious and rambling, talking much to himself, delusional and hyper-religious, episodically noisy, irritable and assaultive; he worked fairly well until six months before death when he began to lose weight, became untidy, developed an unsteady stumbling gait and died after two falls. Used for topographical study of the tumor.

No. 237.—*Kings Park State Hospital*: A large ependymal glioma involving the white substance of the left occipital lobe, swollen and flattened convolutions. A domestic of fifty-one, who had been in a Home for twenty-three years. Two years before death developed noisy, violent episodes, and became dull, stupid and confused, with feeble gait, exaggerated reflexes, thick incoherent speech, with increasing dementia: five months before death

convulsions at intervals. Used for histological and topographical studies of the tumor.

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No. 246.—*Hudson River State Hospital*: Multiple gliomata of the brain with secondary growths in the left kidney and colon. In the brain, a solitary tumor arising from the left optic thalamus, containing a small amount of calcareous salts; several other firm calcareous nodules located in the cortex and marrow of the left central region, L.T₃ and L. T₄, and beneath the right post parietal lobule respectively; malformations in the form of ridges were present in the walls of the lateral ventricles. An epileptic imbecile of twenty-one, with cutaneous naevi on left forehead and right thigh; simple from childhood, noisy, violent and destructive; six months before death gait shuffling, tendency to drag right foot, would fall; five years before death daily convulsions for several months, and for a few months preceding death nausea and vomiting. Used for tumor studies and as a gross specimen.

No. 287.—*Manhattan State Hospital*: A glioma of ependymal type involving the cortex and medulla of the left orbital and temporal lobes and extending into the Insula. A man of seventy, whose psychosis began with right-sided fits following a trauma, and who became very irritable, quarrelsome and progressively feebler; he was forgetful, disoriented and confused, with slight paraphasia and some perserveration; occasional epileptiform convulsions; ptosis of both eye-lids, more pronounced on the right. Used for histological and local tissue studies.

No. 298.—*Central Islip State Hospital*: An intra-cerebellar endothelioma which involves the posterior half of the right lobe; the sixth, seventh and eighth nerves on the right side are considerably compressed, a hernial protusion appears at the site of an old trephine opening over the right Rolandic area, and there is evidence of increased intracranial pressure. A German cook of thirty-two, whose mental disorder began two years before death, with headache, vomiting, impaired vision and hearing; operation one month later over the right central area was unavailing; commitment fourteen months before death in a restless, confused and noisy condition, with coherent mutterings, blindness and deafness, diminished reflexes, inability to walk, falling to the left, retraction of the head, flexion of the left leg, later flexion of both. Used for tumor and cortex study.

No. 242.—*Flatbush State Hospital*: An arterio-sclerotic brain; recent hemorrhage from an identified ruptured aneurism in the

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right lenticular region; a lobulated endothelioma in the right cerebellar-pontine angle not involving the cranial nerves; right cerebellar hemisphere smaller. A woman of unspecified age, admitted thirty-two years before death; death from a cerebral hemorrhage producing a left hemiplegia. Used for special vessel studies and series of the brain stem.

No. 263.—*From Dr. P. Zenner, Cincinnati, O.:* A diffuse glioma of the pons and cerebellum involving more particularly the left side, and compressing the adjacent structures, especially the mid-brain. A boy of five and one-half years, whose illness began five months previous to death with persistent headache, later drowsiness and malaise, nausea and vomiting; early paralysis of the left sixth nerve; a little later optic neuritis, retraction of the head, indistinct speech, right-sided hemiparesis, Babinski sign and ankle clonus. Operation unavailing.

TRAUMATIC OR OPERATIVE LESIONS

Three Cases

No. 210.—*Rochester State Hospital:* A large brain with bulging of the left frontal lobe; laceration and some softening of its external surface and of the orbital surface. An abscess, coming close to the orbital surface, in the ventral part of the centrum semiovale. On the right a thin rusty colored subdural false membrane. Microscopically the abscess cavity, which contained chiefly polynuclear elements, was surrounded by a wide zone of inflammation which consisted of large numbers of lymphoid and plasma cells located in and about the blood vessels and diffusely scattered in the tissues. The degenerations seen by Marchi's method were very diffuse. A hackman of forty-three, whose skull had been fractured (bicycle accident) and trephined eleven and one-half weeks before death. A week after the accident he rode his wheel, and five and one-half weeks later became intoxicated. He had been perverse and unmanageable at first, and after the intoxication he failed rapidly — with clouded sensorium, semi-stupor or confusion, nausea and vomiting. Two weeks before death difficulty with equilibration, and some retropulsion before he could start forward. Some difficulty with proper names and in naming objects; words were miscalled. No focal symptoms or abnormalities of pupils. Death in coma after enlargement of the trephine opening. Used for partial series by Marchi's method.

No. 223.—*Willard State Hospital*: A large brain with a slightly thickened pia-arachnoid, and a superficial lesion of traumatic type in the lateral surface of the left temporal lobe. Basal arteries slightly thickened. (Abstract not available.) To be used for partial series.

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ical Institute,
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No. 201.—*Long Island State Hospital*: A large brain, negative except for slight thickening of the pia and occasional rusty colored patches in the right hemisphere. A brownish softening in the cervical cord, between C₆ and C₇, mostly in the gray matter, without gross evidence of secondary degenerations. In the cortex some fibrous neuroglia increase and spider cells along the blood vessels. In the spinal cord a lesion, mostly in the gray matter, containing the usual cells of a fresh softening (gitter cells). Ascending degenerations in the posterior columns which end in the nuclei of the latter. Degeneration in the direct cerebellar tract and in Gower's tract is questionable. Descending degeneration in the so-called comma area to Th₅. An epileptic in fair physical condition. A fall in a convulsion, with resulting complete paralysis and loss of sensation in the limbs, except the left leg, which was only partially paralyzed. Partial recovery of the left limbs; temperature 101 to 105. Death eleven days after the injury. Used for cortex studies in epilepsy, and for studies in degeneration by Marchi's method.

DIFFUSE PARENCHYMATOUS DEGENERATIONS

Eight Cases

No. 202.—*St. Lawrence State Hospital*: A brain with a slightly hazy, thickened pia and small vessels; axonal alteration in a large number of the Betz cells of the paracentral lobules, but practically no degeneration in the fibres by Marchi's method; much pigment in the nerve cells, blood vessels and neuroglia. A moderately nourished farmer of fifty-eight, whose psychosis began about two months before death with anxious fears, depression and delusional ideas. Admitted four days before death in a dazed condition; hypersensitive, unable to walk and talk; reflexes exaggerated; frequent electric-like arrhythmic jerking of the arms and forearms with considerable muscular rigidity; maximum temperature, 102 degrees. Used for special cortex studies.

No. 267.—*St. Lawrence State Hospital*: An apparently normal brain on gross examination. Microscopically, typical axonal

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alteration of most of the Betz cells of the paracentral cortex. A man of fifty-six, whose psychosis began five months before death with insomnia, auditory hallucinations and somatic delusions, with subsequent appearance of restless nervous episodes. On admission, one week previous to death, the patient was inattentive, staring, restless and confused and extremely nervous; he had exaggerated reflexes, tremor of tongue and incoordination of hands which increased; twitchings appeared five days before death and soon developed into jactitations with muscular rigidity first in the muscles of the neck and upper extremities, then in the lower limbs. Used for special cortex studies.

No. 273.—*St. Lawrence State Hospital*: A brain with injected pia and unusually small cerebral vessel trunks; diffuse parenchymatous changes in the nerve cells; comparatively few cells with a typical axonal alteration. An eccentric dressmaker of fifty-five, who had delusions of persecution and hallucinations of sight and hearing for ten years before death; she began to fail physically two months before death, with cough and diarrhoea, and ten days before death showed some muscular twitchings which developed into general convulsive movements and muscular rigidity, the temperature and blood remained normal. Used for special cortex study and bacteriological examination.

No. 280.—*St. Lawrence State Hospital*: A small atrophic brain with slight thickening of the pia; small, thickened, not atheromatous blood vessels. No ependymal granulations. The microscope showed axonal alterations, such as are seen in central neuritis, in most of the Betz cells; increase of satellite cells; increase of vascular endothelium; much pigment; no certain rod cells; no typical changes of general paralysis, but the case is left somewhat doubtful. The patient, a fireman of about thirty-two, denied syphilis (slight scar and enlarged right inguinal glands). Psychosis of about two years' duration, with persecutory delusions and threats of suicide. Great physical weakness and excitability upon admission. Unequal pupils of Argyll-Robertson type. Tremulous, slurring speech; increased knee jerks; tremor of face, tongue and fingers; disorientation; poor calculation, insight and judgment. Lumbar puncture 28 cells to c.mm. Three weeks before death herpes zoster. Three slight convulsive seizures, mostly of the face and arms, in the last three weeks of life. Death in coma. Used for cortex studies.

No. 295.—*St. Lawrence State Hospital*: A small brain with a slight diffuse thickening of the pia, cerebral vessels small; microscopically, axonal alteration of the Betz cells. A woman of thirty-six, whose psychosis began three and a half years before death with episodes of nervous excitement and somatic delusions; on admission, seventeen days before death, semi-stupid and resistive, at times excited; exaggerated reflexes, muscular tension and tympanitic abdomen. Five days before death, a light convulsive seizure, muscular rigidity and slight twitching of arms and face, which increased in severity, some jactitations being sufficient to dislocate the jaw. Hemoglobin fifty-two per cent, temperature normal. Used for special cortex studies.

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ical Institute,
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No. 272.—*Hudson River State Hospital*: A slightly atrophic brain without significant change in the pia or blood vessels. Typical axonal changes in the Betz cells and in some of the larger pyramids; slight increase of satellite cells; much pigment. Fresh degeneration of myelin sheaths, beneath the central cortex, in the middle half of the crus cerebri, and in the mesial fillet. The frontal cortex was clean by Marchi's method. (History not yet available.) Used for studies in central neuritis.

No. 300.—*Hudson River State Hospital*: A large brain, essentially negative, except for marked arterial and venous injection, which caused a bluish or livid discoloration; marked local engorgement of vessels in the right cerebellar hemisphere; unusually small basal arteries. Microscopically plain changes in the Betz cells, such as are found in central neuritis, and in addition the acute or fever alterations. The patient, a woman of thirty-two, had been wild and irregular morally. For a year she had failed physically. After an obstinate diarrhoea of two weeks' duration her psychosis, which only lasted two weeks, appeared; it was a noisy, restless, fearful delirium, with a temperature varying from 102-104.6. Jerky twitching movements of the arms and throwing back of the head were noted. The extremities were rigid, with occasional slight convulsive twitching. The deep reflexes were exaggerated. Used for special studies in central neuritis.

No. 281.—*Manhattan State Hospital*: Slices only received. An orderly cortex; very slight neuroglia reaction; no satellitosis; some pigment in the Betz cells, many of which showed axonal alteration.

EPILEPSY, WITHOUT DEMONSTRABLE GROSS LESIONS

Two Cases

No. 277.—*St. Lawrence State Hospital*: An unusually large brain with essentially negative macroscopic and microscopic findings, except an atrophy of the right optic nerve, due to an accident to the right eye at birth, with resulting blindness in this eye. The patient was a telegrapher of forty-nine, who had been epileptic for eighteen years; the attacks progressed in severity, with spells of violence and a gradual mental decline. Death unexpectedly after a convulsion. Used for special studies in epilepsy, and for a series of the optic chiasma.

No. 277.—*Middletown State Homeopathic Hospital*: A medium-sized brain with thin but slightly clouded pia, thin blood vessels. No gross lesions or asymmetries externally or on transverse section. Small, granular kidneys. The microscope showed in the frontal cortex an essentially negative condition. A feeble-minded patient of thirty-six, epileptic since the age of twelve. In the last sixteen years of life, his convulsions, which were general, grew more frequent. He was gluttonous, irritable and deteriorated progressively. Death in status, in June, 1907. Used for tissue study.

EPILEPSY, WITH GROSS LESIONS

Two Cases

No. 228.—*Buffalo State Hospital*: A porencephalic brain with cortical atrophy of R. F₁; the porencephalic opening, two and one-half centimetres long, lay between the right anterior central convolution and the adjacent frontal convolutions. Anomalous fissuration of the right post central and right temporal convolutions; thinning of the middle third of the corpus callosum; axonal alteration of Betz cells. A colored epileptic imbecile of eighty-three, with three or four convulsions monthly. Childish and demented, with defective vision and various subjective disturbances. Carcinoma of stomach. Used for both cortex studies and a partial series.

No. 291.—*St. Lawrence State Hospital*: A small brain with marked reduction of the right hemisphere in the distribution of the middle and anterior cerebral arteries; withered, atrophic, sometimes slightly softened convolutions. No obstructions found in the blood vessels. Very slight reduction of the right pyramid. Slight bilateral internal hemorrhagic pachymeningitis, fresher on

the left side. A patient of thirty-two, epileptic for at least ten years, with progressive dementia. He had left hemiplegia, the onset of which was not determined. General (?) fits occurred several times a week. Death from enteritis. Used for series.

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EPILEPSY, WITH CONGENITAL DEFECTS

Two Cases

No. 268.—*St. Lawrence State Hospital*: A small right hemisphere which looks atrophic rather than infantile, and is covered by thickened pia. Uneven atrophy of the left hemisphere, which shows peculiar wide much dimpled convolutions, and an interruption of the Rolandic fissure about its middle, and also in the upper third; the left central convolutions are poorly differentiated. There are superficial small lesions in the left temporal and right occipital lobes. Moderate cerebellar atrophy. A much demented patient of twenty-five, epileptic since birth. He had right hemiplegia; frequent seizures, but no definite focal symptoms were recorded. To be used for study of convolutions, tissue studies, and for series.

No. 292.—*Hudson River State Hospital*: Arrested development (infantile type) of the left cerebral hemisphere, with some thickening of the pia-arachnoid. Right cerebellar hemisphere reduced in size. No gross lesions. A farm hand of twenty-two, epileptic from his fifth year, with progressive feeble-mindedness. Convulsions occurred at intervals of a few days, and were more marked on the right side. Death from carbuncle. Used for series.

MISCELLANEOUS AND UNCLASSIFIED GROUP

Thirteen Cases

HEMORRHAGIC PACHYMEINGITIS

No. 264.—*St. Lawrence State Hospital*: A small brain much compressed bilaterally from hemorrhagic pachymeningitis with false membrane formation and clots. Some general vascular thickening. No ependymal granulations seen. In the frontal cortex, satellitosis and some lymphoid cells, but no conclusive evidence of general paralysis. A carpenter of fifty-seven. No information regarding syphilis. Date of onset not determined. He had delusions of persecution, was suspicious, and his "mixed up" speech could hardly be understood. He showed incoordination and

unsteadiness; pupils normal. In October, 1904, several spasms with twitchings of the right arm and face. Two light convulsions in 1905. He deteriorated mentally and died in May, 1907. Used for general cortex study, and as a gross specimen.

TUBERCULAR MENINGITIS

No. 240.—*Manhattan State Hospital*: Tubercular meningitis. Not transferred. Slices from the paracentral lobules and optic nerves taken at time of autopsy for diagnosis.

VENOUS THROMBOSIS

No. 241.—*Long Island State Hospital*: A brain with a hazy pia-arachnoid, thrombosis of one of the large right superior cerebral veins. A patient of unspecified age, admitted one week before death; the day previous to death a general convulsion, dilated pupils. Used for cortex studies.

No. 203.—*Specimens of Sleeping Sickness. From Dr. F. W. Mott*: Small sections from a case of sleeping sickness which present intense inflammatory changes, similar in many respects to those of general paralysis, but more diffusely scattered through the tissues; the cortex resembled an ordinary purulent meningitis more than general paralysis.

TRANSVERSE MYELITIS AND SYRINGOMYELIA

No. 299.—*St. Lawrence State Hospital*: A brain with moderate thickening of the pia; a syringomyelic cavity extending to the sacral cord, particularly on the right side; transverse destruction of the first and second sacral segments, and secondary degenerations. An intemperate man of fifty-three, with trauma twenty-five years before death, followed by pain and difficulty in walking; epileptiform convulsions at occasional intervals beginning eight years before death. Irritability and assaults with somatic delusions; complaints of various subjective disturbances in back, arms and legs. Used for cortex study and spinal-cord series.

TRANSVERSE MYELITIS

No. 225.—*From Dr. C. E. Van Epps, Iowa City*: Selected segments from the spinal cord of a case of complete transverse myelitis of the mid-thoracic region. Used for a segmental series.

TABES DORSALIS

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No. 297.—*Manhattan State Hospital*: A tabetic of forty-five, who became depressed and gradually deteriorated. In 1906 the left hand was weak for one week. In January, 1907, irritative symptoms of the left hand and arm appeared with weakness, persisting till death, seven weeks later. Brain and cord not yet available.

DEMENTIA PRAECOX

No. 236.—*Middletown State Homeopathic Hospital*: A moderately arterio-sclerotic brain with a notably simple convolucional pattern. A woman of fifty-three, with a psychosis of twenty-three years' duration. Delusional, resistive, inaccessible, profane and obscene, fairly observant, unwilling to work; fair grasp of remote and recent past. Used for special cortex studies.

IDIOCY

No. 216.—*Manhattan State Hospital*: A small symmetrical brain with thin pia-arachnoid and thin blood vessels. Defective development of the posterior half of the corpus callosum, which is very thin and small. Flattening and degeneration of the spinal cord, involving the direct cerebellar tracts and in part the pyramidal tracts. A patient of thirty-four, who at six months had convulsions and could never walk or stand straight, but crept. Mentally he was rather alert at first, but was later stupid and imbecile-like, though he co-operated to the extent of his ability, and answered simple questions. Physically he was puny and emaciated. Development of general spasticity, with contractures, except in the muscles of the head and neck. Used for brain and cord series.

MISCELLANEOUS

No. 222.—*Willard State Hospital*: A brain without focal lesions except a small softening in the left cuneus; some whitening of the pia-arachnoid. The microscope showed an endarteritis as the cause of the softening, which was old and contained no gutter cells. (Regional and vascular study are required before this case can be classified; abstract lately received.) A housewife of forty-three, with a psychosis of eleven years' duration, characterized by despondency, complaints of physical ailments; at times disorientation. She seemed deteriorated, but showed little

mental change during her stay in the hospital. Three years before death more or less transitory ataxias, usually with increased tendon reflexes, and marked tremor, especially of the hands. This condition increased within the next two years to almost complete disability; she could not even stand. About six months before death intention tremor was noticed, and the right hand was most affected. Autopsy showed tuberculosis and interstitial nephritis.

No. 233.—*Dannemora State Hospital*: An unusually large brain (1832 gms.) with a turbid, thickened pia; swollen and tender cortex which presents no evidence of general paralytic or syphilitic changes and no explanation was found for any focal symptoms; granulations on the walls of the lateral ventricles. A previously syphilitic criminal of thirty-two, admitted four years before death; constitutionally defective, several times convicted; delusional, with episodes of anxious agitation and confusion, with hallucinations of hearing; unequal Argyll-Robertson pupils, ptosis of left lid, impaired tactile and pain sense, deviation of tongue to the left, tremor of hands and tongue, slight speech defect. Cardiac lesion, albuminuria, oedema and death.

No. 255.—*St. Lawrence State Hospital*: A brain of normal appearance except for unusually small vessels and diffuse cell alterations, without evidence of axonal changes. A man of fifty-eight, admitted at forty-one, having been in other asylums previously, suffering from persecutory delusions and hallucinations; generally quiet and compliant, but occasionally irritable, excited and assaultive in the later period of his hospital existence. Ten days before death he developed a low fever and a few days later restlessness, twitching of the hands and arms, increasing to jactitations, exaggerated by stimuli, and previous to death rigidity and spasticity of muscles with twitchings. Used for special cortex studies in connection with central neuritis.

No. 260.—*Buffalo State Hospital*: A brain without striking anatomical features; congested pia, sanious cerebro-spinal fluid, atheroma of basal vessels, and on section evidence of gas bacillus infection. A woman of forty-nine, who nine weeks before death felt weak and nervous and unable to do her housework. Death ten days subsequent to the development of a fever ranging between 100 degrees and 105 degrees, accompanied by an excitement and acute hallucinatory confusion. Used for special cortex studies.

Within the year about eight thousand slides have been stained and mounted, from imbedded tissues, for microscopic examination. More work has been done with frozen sections than in the past. Restaining of formalin-fixed tissues has, as usual, consumed considerable time, and it is strongly recommended that the hospitals which send material, interesting chiefly for cell study, should follow the plan already adopted by a few, of sending small slices fixed at the time of autopsy in reagents appropriate to the case. This would not only furnish more satisfactory preparations, but would render unnecessary most of the restaining and frozen section work.

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Among the cases cut serially, which have been prepared, and are of special interest, are two cases of lesions situated in the visual apparatus. The first, a double calcarine lesion with tape-tum degeneration, from Buffalo State Hospital. The second, an occipital lobe lesion with small foci in the tegmentum and in the splenium of the corpus callosum, from St. Lawrence State Hospital.

In the aphasia group is a case from Kings Park of a patient who could not understand, speak or write; lesions were found in L.F₃, the lower half of the left anterior central convolution, left temporal, supramarginal, and angular gyri.

From St. Lawrence State Hospital is a case with lesions very similar to those last described, except that they were right-sided, and there was in addition a left calcarine lesion. The abstract in this case shows no aphasia.

In the fresh degenerations, suitable for Marchi's method, a case of traumatic lesion of the spinal cord from Long Island State Hospital was of interest, and several of the cases of central neuritis from St. Lawrence State Hospital gave clear cut, positive findings, while in several other cases with relatively fresh lesions the Marchi reaction gave rather diffuse results. The material for these studies depends on rare opportunities, concerning which the remark of the last report should be borne in mind, especially the necessity of care against allowing the specimens to remain too long in formalin.

Among the cases worked up, but not in series, many were of special interest, but to mention these individually, or by hospitals, would be to repeat much contained in the foregoing summaries. Certain groups, however, have received valuable contributions,

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such as that group of vascular lesions (or more diffuse processes) in which syphilis is believed to play an important role.

The group of general palaysis with focal lesions has also received important additions. A case of general paralysis of twenty-three years' duration has been added to the collection. A case of lead poisoning with a clinical course strongly suggestive of general paralysis, but without microscopic evidence of this, has also been prepared.

Among the softenings is a set of slides from a case of extensive softening of the medullary tissues, with almost complete integrity of the cortex.

This review of the material which has been utilized does not include a great deal of work done in the direction of reconstruction and further description of cases received in previous years, which are now being put into such shape that physicians in the State hospitals enjoy one of the best opportunities existing to-day to get a personal and immediate knowledge of the organ whose diseases occupy them in the service.

Much work has been done towards a comprehensive publication on the so-called organic psychoses, the syphilitic and meta-syphilitic and simple arterio-sclerotic disorders of the nervous system, and on "central neuritis" (studies by Dr. Campbell, Dr. Dunlap and Dr. Lambert), and on more specific topics, such as the connection of the occipital lobe, aphasia, etc.,—matters which will be good evidence of increasingly adequate use of the opportunities offered by the system of co-operation with the hospitals and the work of our own clinical and laboratory divisions.

A strong plea is made to provide the Institute with more adequate quarters, and especially with provisions for having the laboratories and the clinical divisions under one roof, and moreover, provisions to have more latitude to attract men to work at the institute to prepare themselves for work in the hospitals.

Further, it may not be out of place to state that at present the clinical service is doing its work for the Manhattan State Hospital, with the salaries of the three physicians paid from the funds of the Institute, and that the two laboratory physicians and the laboratory workers give all their time to the working up of the anatomical material sent from the hospitals; so that practically

all the expenses are accounted for by direct returns and not merely by promises of future results. It goes without saying that a greater liberality in allowing us help for special researches is urgently requested. It is especially necessary that our staff be made sufficient to allow of more frequent visits to the hospitals without upsetting the continuity of the work in the services which have already a full scope of responsibility to the Manhattan State Hospital and the hospital system.

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ical Institute,
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With the expression of my appreciation of the unceasing interest and support on the part of your Commission and my colleagues in the State service, I remain,

Very respectfully yours,

ADOLF MEYER

RENEWAL OF LEASE OF WARD'S ISLAND

The Commission has made some progress during the year in its efforts to secure a fifty-year extension of the lease of the Ward's Island buildings, which expires in November, 1912.

Since the institution, located on the island, is intended solely for the treatment of the insane poor of New York city, no extended arguments are necessary to show that as the principal parties in interest the municipal authorities should grant the Commission's request. The following report submitted to Mayor McClellan by a special committee appointed by him to consider this and kindred hospital matters will be found of interest as indicating the point of view which now seems likely to be adopted by the city authorities.

CITY OF NEW YORK

COMMISSION ON HOSPITALS, APPOINTED BY THE MAYOR

287 FOURTH AVENUE, NEW YORK, May 6, 1907

*To the Executive Committee of the Commission on Hospitals,
Appointed by the Mayor, New York City:*

GENTLEMEN.—The undersigned, appointed by the chairman, Hon. Edward M. Grout, to consider and report upon the proposed extension of the lease of Ward's Island to the State, to be used for

the purpose of the State Hospital for the Insane, beg leave to report as follows:

Your committee, with Commissioners Brannan, Butler and Mulry, visited the Manhattan State Hospital on Saturday, April sixth, last, and made a thorough visitation of the buildings and grounds of the institution, which were found to be in excellent condition generally, and the patients well cared for. The buildings are, however, for the most part antiquated and by no means such as the city of New York has a right to expect from the State for the care of the insane poor from this city.

In our opinion, the city should either grant a short extension of the lease, say for five years, with the understanding that the property is to be surrendered to the city at the end of that period, or it should grant an extension for not less than fifty years, with an agreement upon the part of the State that in consideration of such lease it will construct on Ward's Island, a modern hospital for the insane, for the care of the insane poor of the city of New York, the plans to be approved by the Board of Estimate and Apportionment of the city of New York.

We favor the latter proposition for the reason that it seems desirable to care for the insane of the city at a point of easy access by friends and relatives, and by those interested in the care of the insane professionally and otherwise, and also because the cost will in any event be levied mainly upon the city.

We accordingly recommend that a copy of this report be sent to the Mayor, with the suggestion that if the committee's recommendations meet with his approval, he request the Governor to appoint a committee to confer with this Commission in relation to the terms of the proposed agreement.

Respectfully submitted,

(Signed)

WM. R. STEWART
EUGENE A. PHILBIN
ROBERT W. HEBBARD

Committee

QUARTERLY MEDICAL CONFERENCES, 1906-7

Minutes of Conference of State Hospital Superintendents and representatives with the State Commission in Lunacy, held at the Capitol, Albany, October 25, 1906, at 10 A. M.

Present — Commissioners Pilgrim, Parkhurst and Viele.

Utica State Hospital, H. L. Palmer, M. D., Medical Superintendent.

Willard State Hospital, R. M. Elliott, M. D., Medical Superintendent.

Hudson River State Hospital, I. G. Harris, M. D., Acting Superintendent.

Middletown State Homeopathic Hospital, M. C. Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., Medical Superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., Medical Superintendent.

Rochester State Hospital, E. H. Howard, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, D. H. Arthur, M. D., Medical Superintendent.

Long Island State Hospital, O. M. Dewing, M. D., Medical Superintendent.

Kings Park State Hospital, Wm. A. Macy, M. D., Medical Superintendent.

Manhattan State Hospital, William Mabon, M. D., Medical Superintendent.

Central Islip State Hospital, G. A. Smith, M. D., Medical Superintendent.

Dr. Adolf Meyer, Director Pathological Institute.

Dr. William L. Russell, Medical Inspector.

Managers Hon. A. S. Stothoff, Mrs. Mary C. Acker, Willard; Dr. William D. Granger, Hudson River; Ira L. Case, Middletown; Dr. John J. Robinson, St. Lawrence; Hon. James MacGregor Smith, Central Islip.

Miss Mary Vida Clark, representing the State Charities Aid Association.

President Pilgrim, Chairman.

Mr. Chairman — Dr. Meyer desires to submit an outline of the work of the year.

Dr. Meyer — During the past year two courses of about three months each were given for the training of physicians who should take charge of the laboratories. The selection of the men naturally was not very even; quite a number had to be trained from the very elements, while others came with great experience and efficiency. The results at the hospitals will have to speak for the judgment shown in the topics of the courses and the men selected.

There are now three hospitals which have no provisions in this direction. As soon as assistants have been chosen who are likely to be competent, and permanent in their intentions, we shall be glad to arrange for a course of special training covering about three months of practical work at the Manhattan State Hospital and the Institute. We are waiting to be notified to this effect.

In addition to this, it is my plan to invite as many physicians as possible to a review of the clinical cases of our service in February, for one or possibly two weeks, in order to have a chance to discuss fully the advances which have shaped themselves since the clinical reviews of the previous years. I intend to give a sketch of psychopathology and to discuss our clinical cases so as to show how we utilize the general principles and how we try to make each case interesting and instructive and a stimulation to combine our theoretical and practical efficiency to the patient's best advantage.

Apart from this general course, I should welcome a beginning in another more specific direction. Besides general efficiency, every assistant physician can not help but acquire some *special* interests which prompt him to do some extra work in some special direction, and in these efforts we should like to do what we can to make the Institute helpful, and to bring together those who have kindred interests.

At the Manhattan State Hospital Dr. Garvin reviewed the puerperal cases; at Buffalo, Dr. Betts took up cases in which a disorder of the thyroid seemed to play a special rôle; at Willard, there is a most interesting family in which some sisters have manic-depressive insanity, while others developed dementia praecox, and thus furnish an opportunity to determine more clearly the factors which lead the one way or the other. Similar instances may exist in other hospitals. Dr. Hutchings and his staff have undertaken a review of the cases admitted three years ago, work which is bound to be of great use and full of suggestions. Some time ago the staff

of the St. Lawrence State Hospital and that of the Willard State Hospital contributed very interesting comparative statistics of insanity in country and city districts of about 100,000 inhabitants, showing the well-known difference in general paralysis, but especially also a marked prevalence of melancholia in the country districts. This suggests a most interesting inquiry into the conditions on which depressive states depend. Further, the staff of hospitals which have entertained the meetings have worked up groups of cases which would deserve further elaboration and presentation in the form of well-digested contributions. At Binghamton a series of studies was begun with regard to the distribution of blood vessels, and would be worthy of a discussion of the aims and the greatest opportunities of such a research. Further, we are now far enough agreed on uniform working plans and sure enough to size up cases according to standards understood by us all to take up the programme of conjoint work on general paralysis and alcoholism and their distribution, especially since some outsiders again insist that alcohol produces no psychoses. In this whole matter we must facilitate efficiency. We are, of course, aware at the Institute that our own work requires more concentration than we have had so far. We are anxious to bring the material collected so far to a full report in the course of this year, so that it may be made accessible in print, and bring our reports to the hospitals up to date and into a state of general usefulness. But we are willing to spare time for those who come to us with definite interests and would welcome them much more than the frequent desultory visitors from outside the State. Yet, in order to reach real efficiency we should have a mutual understanding. The suggestion has been made, and I heartily endorse it that from time to time physicians who have taken a special interest in a profitable topic shall be released for a few days or weeks to be able to use the library of the Institute, to discuss the matters with others and to polish their work so as to make it presentable. The meetings at the State hospitals are becoming a place where personal work of the individual physicians should be pushed to the front, and it may become possible to sift there what should receive encouragement, and how relief from some work in the hospital, and perhaps some extra work at the Institute or elsewhere could bring the start to a fruitful result. I feel some times that we have more visitors from the outside than from the hospitals. I know how to interpret it. There is more work to be done in our hospitals and less time to spare. But I

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wish to repeat that greater freedom and especially a freer cultivation of what might lead to the advancement of the work of individual physicians, will help the hospitals and the Institute considerably. I hope the day will come when the spirit will move irrepressibly, and when personal wishes to finish a deserving piece of work or to fill a gap in knowledge of methods will lead to the realization of what I think Doctor Wagner suggested. I am not in favor of making a relief from duty for stated times as is customary in Munich, but a free arrangement where it promises something. To make this possible we should, of course, undo the retrogression in the number of our staffs imposed by the Commission under Dr. Wise; and I trust we shall soon reach a point where the vacancies will no longer be inevitable. The medical schools are bound to awake to the fact that our hospitals offer opportunities not to be despised.

I wish to take this occasion to thank those of you who have entertained the hospital meetings. They have, I think, proved a success and will continue to grow more efficient. For the next down-State meeting Dr. Mabon has been kind enough to give us an invitation; for the up-State hospital meeting of this quarter an invitation would be very acceptable and welcome, so that plans could be made at once.

I should be glad to get your suggestions concerning the programme of this year:

1. Another course for laboratory training.
2. A general course for a review of psychopathology and the data and problems of our clinical cases.
3. The shaping of opportunities for special studies for physicians who need help in any special topic, so that more work reaches a state of relative completion. In this respect the Institute could bring together those of kindred interests and shape some definite courses directly answering the needs. We asked the men who took up the laboratory work to send us, or better to bring us samples of their work. But in all these matters assistant physicians are apt to wait for the initiative of the superintendent, and it will be desirable to shape a progressive policy.

I think in the main the men that have taken the course have taken hold of the matter actively and are developing their duties. I am sure I would like to express the willingness of the Institute to do all we can to make matter satisfactory. I wish

to express an emphatic invitation to the hospitals to have the individual physicians bring their needs before us, and we shall be delighted to help them to the best of our ability.

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Mr. Chairman — Dr. Meyer's very interesting remarks are open for discussion, and we shall be very glad indeed to hear from any member of the conference who may desire to say anything upon the subject.

Dr. Mabon — I simply want to express my appreciation of the work that Dr. Meyer is doing, and to say that the physicians of the institutions should feel encouraged by the opportunities they have. I believe that it would be a very good thing to have this course Dr. Meyer speaks of for a week or two in February, and that a further course would depend entirely on the conditions found at that time. In relation to the pathological work I can not speak because we have a physician doing that work for us especially, but the whole proposition of the relationship between the Institute and the hospitals has become so helpful that it should be encouraged, and every opportunity taken for the special work that Dr. Meyer has spoken of. Where a physician indicates an inclination to investigate along special lines he should have every facility placed at his disposal, because it is only by such means that we can get at facts, and facts are the essential things we are looking for in mental disease.

Dr. Russell — I have received the impression from listening to Dr. Meyer that we have reason for a great deal of encouragement. I can not help but feel that a work is going on in the State in a very quiet way — nothing conspicuous or spectacular about it — that is going to mean a great deal for the future. I believe that we ought not to take a negative position in regard to it, but a very positive one, and that in regard to the physicians taking up special problems and going to the Institute to get help, it will be well for us all to take the plan straight to the hospitals and urge it upon the assistant physicians, not leave it to them to take the initiative. Amid the very many cares that every superintendent has, and the Commission has also, in just administering to the wants of the insane we should not forget that now and then all should come forward and take a positive stand in movements of this kind. The impression has come to my mind in listening, that the work is so quiet that sometimes I think we may forget how valuable it is, and how worthy of our earnest and active support and co-operation. I think

we ought also to remember that there is something to do to increase the number of physicians. How that should be done perhaps it is not necessary to discuss here.

Mr. Chairman — We have with us this morning Dr. Harris who has probably come more closely in touch with this work than some of the superintendents, and I think it would be very interesting to us if he would express his views from the standpoint of the assistant physician.

Dr. Harris — I did not come prepared to be called upon, but I wish to say that I heartily endorse what Dr. Meyer has said, and think the Institute has been a great advantage to all of the hospitals, and the men who have been to the Institute, of course, have been greatly benefited, and thus, in turn, have been the hospitals. The men who have been to the Institute have returned to the hospital with renewed energy and increased interest in the work, which has proved a great advantage to all concerned. The physicians at our place work up all the cases, following the outlines given by the Institute. We discuss all cases at regular staff meetings. Of the cases dying, we bring to autopsy all that we possibly can. A brief outline of the physical and mental diagnosis is presented at the time of the autopsy, and we attempt to demonstrate this physical diagnosis at the autopsy, and this has been found to be of great advantage to all members of the staff, because if a mistake has been made in the physical diagnosis, the autopsy reveals the mistake, and we can then reason why and how it was made, and thus the men are stimulated to greater energy and greater carefulness.

The pathological work has met with much favor, and if Dr. Meyer wishes to give another course, I think it would be advantageous, and a number of men would be benefited by going down there and having a post-graduate course. Some of the men feel that they do not know as much about the subject as they might, and they feel diffident in attempting to make suggestions to the various men on the staff, and this diffidence would be lessened if they had another course — Dr. Meyer's three months' course. Dr. Cavanaugh has charge of the laboratory at our place, and great good would come to him, and to the institution, if he could return to the Institute again and continue this pathological course along the lines the doctor has outlined.

Mr. Chairman — If there is no further discussion I would like to add a word or two. I heartily agree with what Dr. Russell has

said. I think that Dr. Meyer is doing work which will redound very greatly to the credit of the State. In fact I think, as Dr. Russell has said, that the work has been so quietly done that very few outside of the State of New York really realize its importance, and I want to make a special appeal to the superintendents to give Dr. Meyer the assistance and the encouragement which he needs, and to say that the work which he is now doing is heartily approved of by the Commission. Commissioner Parkhurst has requested me to ask Dr. Meyer what the special advantages are which the men obtain by going to the Institute, and why it is not possible to obtain the same results by sending some one from the Institute around to the different hospitals; in fact, why we should not have a traveling pathologist instead of a stationary one.

Dr. Meyer — This is a matter which has repeatedly come up and which has received quite a good deal of attention on my part. I have never felt inclined to disregard it. It seems to me that there are possibilities in both directions, and we have been trying to work in both directions. In the first place, a man who would simply travel around could not have any continuity of his own work, and the man who has no work of his own has no chance to teach others unless he pumps himself full and squirts the contents of what he has been able to get over the rest of the community. That, of course, is a rather dangerous and misleading procedure. It teaches men to talk, not to work. I have a feeling that most of the things which have got to be learned have got to be learned under systematic circumstances, and, therefore, it is of great advantage to have the men at the Institute where we have the possibilities of combining things to their advantage. We have also done the other. We have gone as far as possible to the hospitals, perhaps not as much as we might have done if we had not had the unavoidable trouble that so many of you have, that is, vacancies on the staff. These vacancies will be filled as soon as possible, and our men will be more often released and be able to go to the hospitals to make themselves helpful on the spot. The State hospital meetings have, to my mind, done a great deal as an additional help; the men come to different hospitals, and we have on the spot discussions of problems and opportunities such as, I think, have proved to be quite an advantage. Now my idea is that we would gain a great deal if you would encourage individual physicians who have definite needs to come to the Institute or to go where they can find what they need. We at the Institute try our best to help them

out. If we find it more satisfactory to do a thing at the hospital, we shall see that some one of us goes to the hospital and attend to it there. I think we shall be able to show that we really take both methods carefully into consideration and try to find out which plan works best in the individual emergency. But I repeat that so far we have by necessity been forced to take groups of rather dissimilar individuals, and we had, to oblige some men, to go over things which are not especially important to them, but essential to another, and have had to make compromises of that sort. Now, I should like to recommend that we should be put more into a position where the physicians at the hospitals and the superintendents would take the initiative and we should then shape our plans according to the emergency — according to the needs of the case. I think the hospitals will in that way get very direct profit and I think Mr. Parkhurst's inquiry and solicitude will be met with on that score in a very accurate manner. I repeat that wherever we do find that it is advantageous to go to a hospital we certainly shall do all in our power to arrange that it be done. If we find that it is better for the men to come to the Institute we shall advocate their doing that. We have no exclusive plan and I feel sure that Mr. Parkhurst will, in the main, endorse such an attitude. We want to be less schismatic, and to reach the interests of the individual, and try to help him for what he needs, and I think in that way we can do quite a good deal.

Mr. Chairman — Dr. Meyer, Mr. Parkhurst has still another question. He wants to know why it would not be better for the superintendent to go to you instead of somebody lower down on the staff when it is desirable to introduce methods in an institution which do not already exist.

Dr. Meyer — That is a question which touches me at a point of most serious concern. I am younger than most of you and have not the feeling as if I ought to take the initiative or try to coax you to do a thing which you may have reasons not to do. I think that nothing would be more gratifying to me than to have opportunities to arrange with individual superintendents on the best possible way of doing this or that. I can not say that there have not been opportunities in that respect. There are quite a few who have asked me, who have come to me, but I must also say that in the great majority of instances I have had a feeling that I was really intruding more than suited my case and feelings, and if

Mr. Parkhurst could in some way bring about the possibility of relieving me of that feeling I will be very grateful to him.

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Commissioner Parkhurst — My idea, Dr. Meyer, was this, that if you could send somebody around to these institutions and take up this work with the superintendent and introduce it into the institutions if there is any special work they are not familiar with, it should be done through the superintendent rather than to have someone lower down on the staff sent to your place for instruction and then going back to direct the superintendent as to what is to be done in his institution. I think that is all wrong. I think the superintendent is the man to do that work, and he should be made familiar with it through you and your institute rather than that someone lower down on the staff should receive that instruction and then direct the superintendent. That is why I asked that question; why the superintendent should not do it, if there is any special work which he is not familiar with.

Mr. Chairman — I am very glad, indeed, Mr. Parkhurst has asked these questions, because I think the questions he has asked are such as would come to the mind of almost anybody. In fact, when the Pathological Institute was talked of I think the first idea of almost all the superintendents was that there should be somebody who would go from one institution to another and do whatever teaching might be desirable and necessary, but that method I am quite sure would not have been as successful as the method that Dr. Meyer has pursued. To a limited extent Mr. Parkhurst's ideas have been carried out. The superintendents did, a couple of years ago, go to the Institute and remain there two or three weeks, as long as they felt they could be spared from their institutions. The idea that the assistant goes to New York and comes back with knowledge which he imparts to the superintendent I do not think is exactly right. In fact, I think that the hospitals now are conducted more as a big army is conducted; it is manifestly impossible for the superintendents of these large institutions to devote all the time that is necessary to the minute instruction and to the carrying out of the minute details of all the work along pathological and other scientific lines. The work of a superintendent is largely executive, and a great many things must be given over to the subordinate members of the staff, and I think we are only following the ideas of the army, when, if special information is desired in any particular line, we send an officer to secure it. I do not think the general would drop all his work and

go and seek such instruction; he would probably and properly send some agent who could speak for him.

Commissioner Parkhurst — Would he send a private?

Mr. Chairman — We do not send nurses or privates; we send the officers.

Commissioner Parkhurst — I would suggest that the first assistant should go.

Mr. Chairman — First assistants have gone.

Commissioner Parkhurst — I think some of the subordinates have spent a good deal of time down there and that they have not derived very great benefit.

Mr. Chairman — I am sure that there is not a superintendent in the State who will not agree with me when I say that the medical work is being done in a way in which it was never done before. I have been in the service for twenty-five years and I can state without the slightest qualification that the work of the medical men has never been as well done as it is being done at the present time, and I think that the lion's share of the credit for the work that is being done is due to Dr. Meyer and the methods that he has advocated, and I should be very sorry indeed to see him depart from any of the ideals he has set up.

Dr. Mabon — When we get to be forty-five years of age we do not acquire knowledge as readily as we did when we were younger; these methods are new, and the younger men are those who will most readily acquire them, and they should be the men who should go to the Institute. It is impossible for any superintendent to take up all the details of instructing his staff in purely scientific methods and also conduct his institution. I believe that it is possible for superintendents to supervise the medical work as well as the general work of the institution, and know what is being done, and know that the medical work is being kept up and that progress is being made and that we are keeping in touch with the progress in medicine. The younger men, to my mind, are those who should do that work. They should be encouraged. They are the men who will become superintendents; we are training them not only for medical work but to become superintendents. With regard to Dr. Meyer's work, and I speak as a former commissioner, his work has always impressed me as being most efficient. I do not know when I have been so surprised as I was in going about the

State through the institutions and seeing the change that has taken place in the methods of the medical work over what they were when I was superintendent of the St. Lawrence State Hospital. I think the credit is due, first, to Dr. Meyer, second to his assistants and third to the assistants who were selected to go to the Institute. Quarterly
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Dr. Meyer — I wish to express my thanks for the undeserved attribution of credit for what really is to the credit of the movement of the times in which we all have seen opportunities that really did not exist before, and that do exist at the present time, and every one of us has brought to it his share in seeing that the opportunities were utilized. I must say that Mr. Parkhurst's questions pleased me very much indeed. I am very glad to have matters of that sort brought forth and discussed openly, and in a way I am especially pleased because it gives me an opportunity to emphasize what I said of assistants coming to me. I should like to offer, first, an invitation to the superintendents, because nobody knows more than I do that harmony of policy between the superintendent and what an outsider is doing is a prime condition of any success whatever in the formation of work within the institution. I wish to thank you and at the same time extend the invitation to you all to include yourselves among those who will be very welcome on every opportunity to either take me to task or to ask me for advice on any matters that pertain to our conjoint work.

Mr. Chairman — If there is no further discussion, we will now have Dr. Elliott's paper on "Dotards."

Dr. Elliott — Mr. Chairman, Ladies and Gentlemen: I am not responsible for the title of this paper. It was selected by the Committee on Topics.

DOTARDS IN STATE HOSPITALS

By DR. ROBT. M. ELLIOTT

The commitment of senile patients to hospitals for the insane has for some years been the subject of considerable comment on the part of lunacy officials both in this country and Great Britain, and it seems to be the prevalent opinion that the number of aged patients admitted has steadily increased during the last fifteen or twenty years. This increase has apparently been coincident with the transition of the institutions from madhouses to hospitals, and it is alleged by some to be the result of that transition. The care

of the insane having been brought to such a high standard as compared with what it was formerly, relatives are less reticent about sending members of their families who become mentally affected to hospitals for the insane. I believe this is true not only as regards those suffering from senile psychoses, but of all who are mentally afflicted, and accounts in a small measure perhaps for the general increase of admissions. Jones says that in some districts in England senile insanity has increased from 11 to 20 per cent of the total admitted into asylums within the last sixteen years, which he believes to be partly due to increased registration. It was felt also soon after the inauguration of State Care in New York, that in some sections there was an attempt on the part of local poor authorities and others to unload on to the State hospitals a class of dependents not considered proper cases to be admitted, viz., aged demented and idiots. Hence a clause was inserted in the Insanity Law, giving to superintendents discretionary power as to admission when in their judgment a patient duly committed is "not insane within the meaning of the statute." The law also provides that no idiot shall be committed to or confined in a State hospital; but any epileptic or feeble-minded person becoming insane may be committed as an insane person to a State hospital for custody and treatment therein. These provisions, although they do not define insanity, have been the basis for rejecting certain senile cases, designated as dotards, which seem to have aroused especial interest in State hospital circles. Last year an amendment was added to the law empowering superintendents to discharge persons who, in their opinion, are "dotards, not insane."

Before taking up the question as to what constitutes a dotard, I will refer briefly to the hospital reports of the last fifteen years concerning the relative number of aged patients admitted. During the quinary period 1890 to 1895, 843 patients between seventy and eighty years of age and 255 over eighty were admitted to the New York State hospitals; the total admissions amounted to 15,243. From 1895 to 1900, 1,319 between seventy and eighty years old and 389 over eighty were admitted; the total admissions being 25,905. During the next five years 1,349 between seventy and eighty and 351 over eighty were admitted; the total admissions for this period being 31,023. It will be seen that while the number of senile cases has increased, there has also been a very marked increase in the total number admitted; indeed it is evident that the proportion of senile cases has actually diminished, for in the first

period we are dealing with, the proportion of all those over seventy was one to thirteen; in the second one to fifteen; and in the third period one to eighteen. An interesting fact too is that by far the smallest proportion of senile cases come from metropolitan districts. For instance, out of 8,630 patients admitted to the Manhattan State Hospital for the five years from 1900 to 1905, 176 were between seventy and eighty and 35 over eighty years of age. During the same period Hudson River, Middletown and Binghamton admitted in the aggregate 4,899 of which 346 were between seventy and eighty and 83 over eighty years old. At Willard, out of 437 patients admitted during the last two years from a district which is pre-eminently rural, 36 were between seventy and eighty and 15 were over eighty, the proportion being slightly above that of Hudson River, Middletown and Binghamton combined. These cases, of course, embrace the various psychoses to which old persons are subject, and it is not possible here to single out those who had senile dementia *per se* as the result of mental decay accompanying senility. Senile mental decay may begin as early as the sixtieth year. I think these figures indicate, however, that the increase in senile cases is not at all out of proportion to the general increase; in fact it can hardly be said to have kept pace with it, even after taking into account those who have been rejected. Upon inquiry I find that 162 have been rejected at the various State hospitals during the five years, 1900 to 1905. Of these Manhattan rejected 73 and Middletown 28; Buffalo and Hudson River did not reject any.

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After scanning the indexes of a number of text books on insanity I am unable to find that the term dotard is used at all in medical nomenclature, which to my mind is significant. The Standard Dictionary defines dotard as "one who is given to extravagant affection or fancies," and senile insanity first as "the decadence of the mental faculties incident to old age," and second as "dotage." Webster's Dictionary defines dotard as one whose intellect is impaired by age. Gould's Dictionary of Medicine does not contain the word dotard, but defines dotage as "feebleness of mind." Clouston says there is no scientific difference between dotage and senile dementia. Some have made the presence or absence of delusions and hallucinations the basis of distinction, paying no attention to errors of conduct, which I consider untenable. A few short descriptions are given in annual reports, of those rejected, which I think are typical of most of the cases

which have been disputed, and serve to throw some light on their real character. A man eighty-five years old, duly committed, was rejected on the ground that he was not insane within the meaning of the law. He was then taken to a home for old men on probation. He was irritable, fussy, difficult to manage, went about from room to room appropriating articles belonging to other inmates, and at the end of a month he was discharged, and was then taken to the almshouse where admission was declined on the ground that he was insane. His daughter, who had previously been trying to support him, was a poor woman. What finally became of the old man is not stated. Another case is that of an old man aged eighty-four, which proved upon investigation to be senile dementia. Although noisy and at times destructive, there was no reason why he should not be cared for at home by his family. A woman seventy-three year old is stated to be a case of senile dementia, was untidy in her habits, and noisy at times, but not violent. A man seventy-nine years old is characterized as a senile dement pure and simple, with nothing about his case that precluded home care. A woman aged seventy-three is said to have been clearly a case of senile dementia, harmless, but troublesome to care for. A woman aged eighty-four proved upon examination to be a case of senile dementia, but was considered not to require hospital care, being neither noisy, untidy nor destructive. These I think are a fair sample of what we have been prone to regard as dotards and yet they are evidently all cases of senile dementia. Some years ago the Lunacy Commission was appealed to for an opinion as to where the line should be drawn in admitting this class, but the reply was that the superintendents had complete jurisdiction in the matter and that in this authority they could not be interfered with, either in receiving or rejecting a case, and that the Commission could only advise. In one case the Commission did advise the admission of an old man on humanitarian grounds inasmuch as he had nowhere else to go. Later, in 1897, the president of the Commission sounded a note of warning to superintendents in regard to the reception of cases certified to be insane from almshouses and in returning to almshouses those who were no longer insane in the statutory sense. Some of the poor authorities and members of the Legislature had endeavored to create a sentiment antagonistic to the hospitals on account of the attitude toward these demented senile persons. It was suggested that when such persons were committed, a medical

officer from the hospital be sent to make an examination before removal, and decide in that way the question of legal insanity. The views of the Lunacy Commission and the hospital superintendents regarding this matter are given at some length in the Commission's annual report for 1900. It is stated there that "It has been consistently held by the Commission and by the superintendents, that cases of senility of the class referred to, are not appropriate patients for commitment to an insane hospital." I may also say there is a growing feeling among asylum superintendents in England that cases of senile dementia should not be classed with the insane. According to the statement of Toogood, in an article which appeared only last month in the *Lancet*, the county asylums object to their presence because they are incurable and occupy valuable and needful space, and they depress the recovery rate. He goes on to say if the asylums will not have them it must mean the erection of separate incurable mental buildings.

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In January, 1904, the Commission sent out a circular letter to each hospital stating that on several occasions complaint had been made that some of the less experienced medical officers had been sent out to pass upon these cases, and request that in future great care be shown in the selection of physicians with especial qualifications in the way of experience, tact and judgment for this important service. My own opinion is that very rarely can a case be properly determined as to its fitness by an examination lasting only half an hour or an hour. It not infrequently happens that senile persons can give a fair account of themselves, and will exhibit no irrational conduct at one interview, but when seen another time, a few days later, they will be confused, disoriented, unable to give expression to rational thought, and will conduct themselves in such a manner as to leave little doubt that they require hospital care. Continued observation is usually necessary to determine the real mental condition. My policy has been to instruct medical officers not to reject any patient when the papers have been properly executed, except when the physical condition is such as to render the journey to the hospital inadvisable. There has occasionally been, in my experience, such extreme weakness as to preclude removal.

Now what is the distinction between a dotard and one with senile dementia? From what has been adduced here it would appear that any old person of seventy years or over, with mental

deterioration to the extent that there is loss of memory for recent events, and possibly remote ones too, little or no mental grasp, disorientation as to time, place, and perhaps persons, judgment gone, no insight, restlessness, especially at night, noiseless, emotional outbreaks, resistiveness, perhaps uncleanness and destructiveness — (all these symptoms varying in degree from time to time, and not being produced by any gross brain lesion, but only by physiological decay or shrinkage of the brain substance, incident to old age) — the physical condition showing arteriosclerosis, poor nutrition, wrinkled skin, the special senses all impaired, tremors and more or less general muscular weakness; if he has relatives or friends who can be made to keep him, or if he can get into the poorhouse, he is a dotard, not insane; but if he has no relatives to keep him and the poorhouse will not have him, then he has senile dementia and is insane within the meaning of the law. This is certainly not a scientific distinction.

I believe that as a rule demented old persons are committed to State hospitals only as a last resort and that the exceptions to this rule are rare. I have never known any one to be committed directly from home on the petition of relatives without good reason for doing so. During my service at Flatbush it was thought necessary to reject a few cases, some of whom were young idiots committed from the Kings County Almshouse. The proximity to the State hospital of the county buildings there, which were dreadfully crowded, rendered it very convenient to transfer improper cases. A new medical superintendent came in and at once proceeded to get rid of as many of the inmates as possible. He was not aware of the provisions of the Insanity Law and went so far as to challenge my right to reject any case duly committed. Being a physician himself and a man of strong personality, he was able to influence to some extent the medical examiners who were appointed by the city authorities to examine all insane persons coming within the jurisdiction of the Department of Charities. When the first patient (which was an old lady seventy years old) was rejected, sixteen of Brooklyn's most eminent physicians and specialists, including Dr. Wm. Browning and the late Dr. John C. Shaw, were called by the local authorities, to examine her, and they all pronounced her a case of senile dementia, and a proper one for care and treatment in a State hospital. Application was then made to the Supreme Court for a writ of mandamus to compel me to receive her, but the court refused to grant it, there

being no alternative in view of the law. The medical certificate in this case that when questioned by the examiners the patient's answers were irrelevant, that she roamed about the hospital ward in an aimless manner, had no idea of time or place, was uncleanly, and unable to dress or undress herself, and the cause of her insanity was age and neglect.

Physicians in private practice are always extremely careful, so far as I know, about making certificates of lunacy; they are more apt to err on the other side and refuse to take part in committing persons who are undoubtedly insane. Time and again I have been consulted by outside doctors when they were in doubt, and have usually had to assure them they were making no mistake in having the patient committed.

I cannot help feeling that the attitude of the hospitals, speaking generally, of course, toward these helpless old folk is open to serious criticism. We must admit they are troublesome and difficult to care for, requiring close attention and good nursing. Accidents occur more frequently to them than to any other class with which we have to deal. Their circumstances are usually such that they cannot get the care they require at home, the relatives being poor in most instances. I have never understood why the State should discriminate against persons who become demented in their old age. Are they not as much, if not more, entitled to the State's bounty than are the rest of the insane? Their presence in almshouses in the old days was one of the very things which led to the agitation for State Care, and in support of this assertion I will quote from the first annual report of the Commission for 1889, where a lengthy description is given of a tour of inspection of all the insane in almshouses throughout the State at that time. "Within a small room, in an old and dilapidated wooden building, suitable only for an outbuilding, on a bleak and wintry day, was found a demented old woman, apparently about seventy years of age. She was in a state of turbulent dementia, scantily clad, barefooted, exceedingly filthy and unable to appreciate her condition or surroundings. She went about the narrow confines of her cell-like room, beating a spoon against the wall and uttering unintelligible cries. The furniture in the room consisted of a dilapidated bedstead, on which was a tick half-filled with wet and filthy straw, the quantity being insufficient to make a comfortable bed, even if the material had been wholesome and clean. Upon this tick was a soiled and wet cotton quilt. In a corner of the

room was a clumsy wooden chair, evidently intended for a com-
mode. The floor was wet and otherwise soiled with excrement, the
odor from which was exceedingly offensive. In another institution
an old, demented and feeble patient was found in bed, having by
his side an invalid's chair upholstered with some white fabric for
the evident purpose of making it softer. The covering of this chair
was befouled with human excrement, which was thoroughly dry
at the time it was observed. An examination of this old creature
showed that he was suffering from bedsores; that the sheets were
soiled and that he was lying on a straw tick that was not more than
half filled."

We boast much of the benefits which have come to the insane
as the result of State Care, and the development of our splendidly
organized hospitals, with their modern equipments and trained
nurses. We accept without question those suffering from Kor-
sakov's disease and other forms of alcoholic insanity and general
paralysis. We accept melancholia and presenile delusional in-
sanity classed by Kræplin with senile dementia as those psychoses
belonging to the period of involution. We have to acknowledge
that the senile cases can do very little for themselves and require
a great deal of care and good nursing, which they cannot get at
home nor in the poorhouse. If they are not to be received by the
State hospitals, what shall be done with them? Can they not
truly say with King Lear:

"Where have I been? Where am I? Fair daylight?
I am mightily abused. I should e'en die with pity,
To see another thus. I know not what to say.
I will not swear these are my hands: let's see;
I feel this pin prick. Would I were assured
Of my condition.

Pray do not mock me:

I am a foolish fond old man,
Fourscore and upward, not an hour more nor less;
And to deal plainly,
I fear I am not in my perfect mind.
Methinks I should know you, and know this man;
Yet I am doubtful; for I am mainly ignorant
What place this is; and all the skill I have
Remembers not these garments; nor I know not
Where I did lodge last night. * * *
Do not abuse me. You must bear with me."

Mr. Chairman — Dr. Elliott's paper is now open for discussion. Quarterly
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I am rather surprised that nobody feels inclined to talk on this subject for I think it is one of the most difficult questions with which a superintendent has to contend. As Dr. Elliott has said, cases of senile dementia, or senile insanity, are by far the most troublesome ones with which people in outside life have to deal, and I think they are quite as troublesome as any with which we as hospital men have to deal. I think almost everybody here knows the view I have taken with regard to these cases for a number of years past. I may say that I have had quite a good many arguments with some of the earlier members of the Commission in Lunacy in regard to this subject, and on more than one occasion I have received criticism for receiving and keeping old cases which some members of the Commission thought were not properly insane. But as Dr. Elliott says, what are we going to do with these cases? They cannot receive proper care in almshouses; they cannot receive proper care in homes unless the families are fairly well-to-do, and if we do not take them, what is going to become of them? I think they should certainly come in for the benefit of State care and the improved methods of caring for patients that we have to-day, fully as much as those whose insanity is frequently due to their own misconduct. I do hope, therefore, that some man here will feel inclined to say something upon this important subject.

Dr. Wagner — I think Dr. Elliott's paper is a very timely one, and it touches upon experience that we have all had, the difficulty of determining what cases are properly dotards within the meaning of the law. At Binghamton we have been puzzled a great deal to determine where to draw the line. Some years ago we were much more insistent in declaring old persons dotards, not insane, within the meaning of the law than we are now. Our present practice is to accept all patients who come from their homes unless the certificates show such manifest evidence of insufficiency that we feel obliged to send a physician to make a special examination. If the patients on the other hand come from county poorhouses and are eighty years or more of age and the certificates are pretty weak, I detail one of the physicians of my staff to go and make a personal examination, and in making the selection of the physician bear in mind the request of the Commission that the older men go. I almost invariably send my first assistant, who has charge of the male acute receiving service, or my

third assistant physician, who has charge of the acute receiving service on the women's division, to make the examination, and from the exhaustive reports they have made to me I am satisfied that they go as fully and as searchingly into the merits of the case as possible. The net result has been during the past two or three years that four or five cases annually have been rejected on the score that they were simply suffering from the natural failure of old age, and that the county authorities, while fully capable of taking care of these patients, found them somewhat troublesome and desired to be rid of them on that account. Sometimes we have found patients at home who were from eighty to ninety years of age and almost paralyzed in bed, wandering in mind, but in homes where there seemed to be no reasons why the friends and family should not take care of them and we have rejected them, although we could not help feeling that they were so infirm mentally that they were entitled to care and treatment in the hospital. Our crowded condition, I think, has led us to discriminate against some patients who, perhaps, if we had had more room, we would have received without hesitation, but I think that the position of the president is the correct one, that these elderly people are fully as much entitled to care and treatment in our State hospitals as many of the younger patients who come to us suffering from mild attacks of insanity, often the results of their own indiscretions.

Dr. Mabon — I think it is the duty of everyone to say a word on this subject. In the first place I wish to felicitate Dr. Elliott on his eloquent plea for the dotard. The method, it seems to me, to meet the conditions is this, partly as Dr. Wagner has said, to accept practically every patient that comes from a county institution, and keep him under observation, with the understanding that if after a month's observation he is found not to be insane within the meaning of the statute, and that he can be cared for at home; that he is simply mildly troublesome; that then the county authorities should receive him or the family should agree to receive him. If, on the other hand, there is more than this slight turbulence met with, then he should be retained and cared for in the hospital. I think we have to consider in many of these questions the question of the greatest good to the greatest number; that the acute insane are the ones upon whom we have to concentrate our work, both nursing and medical work, and that the care of these other people is merely custodial. Now the large number of terminal cases coming to us prevents suitable accommodations

for dotards. They have to be placed on wards where the other patients are more or less unruly, and naturally receive injuries; they are pushed down and receive broken bones or fractures; they are constantly complaining, and I think in many ways are better off in their own homes or in county institutions under the present crowded conditions.

Dr. Dewing — It seems to me that one of the wisest features of the Insanity Law is the leaving open of the distinction between senile cases due to the deterioration processes of old age and senile dementia, because it is impossible to make a distinction in many cases, and that being the case it seems to me the whole question is a practical question, and I believe that is the attitude of nearly everyone here. I am in the habit of determining whether a patient shall be retained in the hospital purely as the result of practical considerations. If an old case cannot be properly taken care of at home, or cannot receive proper care and attention under the conditions that ordinarily prevail in the almshouses, and is suffering from the deterioration of old age, why I receive the case, or rather I retain the case, because, as I shall explain, we invariably receive these old cases in the hospital and keep them under observation. We never decline to receive these cases for observation because we believe that it is frequently impossible to tell off-hand whether a case is suitable.

Dr. Hutchings — I think Dr. Mabon is right in the position he takes that it is perhaps not the best thing for the old people to come to an institution where we have no buildings set apart for their particular care. They are apt to get injured, and certainly they take up valuable room. We have been in the habit of examining them at their homes, and refused every year a number of cases, perhaps five or six; but it usually has been where we were satisfied that we were being imposed upon by heartless children or children-in-law. Usually it is a daughter-in-law or son-in-law who refuses to be bothered any longer with these old men or old women who keep them awake at night or soil themselves and are nuisances generally. I have in mind one case of an old man ninety-six years of age, who had twelve children, and who had become in the last year or two a little troublesome, and not one of those children would give him a home, nor would they contribute among them enough to support him, and after investigating these circumstances we refused the case, and the Overseer of the Poor, having it put up to him, insisted upon the children contributing

one dollar a month each to take care of this old man and it all turned out very satisfactorily. There is another class of old people I have noticed frequently who just at the breaking down of their physical powers have a psychosis, an outbreak of excitement or agitation, which indicates that they are dying. I do not know how many people we have received who have only lived a week or two. Just last week we had an old man brought in; he lived three days. He was manifestly in a dying state when he was brought in. Now it is no hardship to refuse admission to cases of that sort, and I think that the duty we owe to our acute insane who are crowded and hampered in every way by the presence on our receiving wards of these old people justifies us in exercising what discretion the law gives us, bearing in mind that common humanity is the thing to be considered, and where the circumstances are such that the old man or old woman will suffer, we should take them for humanity's sake, but refuse if it is humane and reasonable to do so.

Dr. Ashley — I do not wish to take up the time of the conference unnecessarily in this matter, but as the Middletown hospital has been represented as having refused admission to rather more so-called dotards than the other hospitals, I feel that I should say something in this connection.

It seems to me that this question involves the distinction between the legal and the medical definition of insanity. We sometimes appear in the courts as witnesses in senile cases, or so-called dotards, where the question as to whether such individuals are competent to make wills or transact business has arisen, and I think that we do not hesitate in these cases to testify that in our opinion they are incompetent, yet when it comes to the question of admitting these cases to State hospitals we may refuse to admit them on the grounds that they are dotards not insane. It appears to me that this is inconsistent, and is really a distinction without a difference. It is the custom at the Middletown hospital to send a physician to their homes and to almshouses to examine patients who have been committed and who are over sixty years of age, and if in the opinion of the physician the patient is insane he is admitted, whether the friends are able to care for him or not. In fact, I do not believe that the question as to whether or not the patient can be cared for in his home or in an almshouse is to be considered in this matter. The only question which concerns us is whether the individual has a legal right to be admitted to a State

hospital, and if he has we cannot refuse him for the reason that he can be cared for elsewhere. It does not appear to me that we are to be governed in this matter by sentiment. Quarterly
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Dr. Howard — Doesn't the law clearly state that we are to reject the cases of dotards not insane? It seems to me, as I understand the law, that it is a question as to whether the person is or is not insane. If this old man is insane as the superintendents of the State hospitals understand insanity, then he is entitled to admission and entitled to be taken care of after he gets there so that he does not die sooner than he would have if he had not come. Now, when we come to take all these commitments of old men, we must limit ourselves to the rejection of very few cases.

Dr. Macy — I think in connection with this subject it would be proper for us to consider how the growth of this sentiment developed. I think, connected with that, there is the question of the sentiment that has prevailed in the State in regard to the feeble-minded. If you go back to the old law of 1874, you find language which tends to show that the State undertook to exclude idiots from the classification of insanity. Later on, as at least the older members of the conference are aware, there was more or less trouble in this State, because the State Commission in Lunacy undertook to supervise the care of institutions for the idiotic, the care of idiots, and, I think, to some extent, the question in regard to dotards grew out of that, in a way. I think that the consideration we are giving to the cases that we all look upon as undesirable inmates for hospitals for the insane, began by viewing them from the standpoint that our hospitals are institutions primarily, for the care and treatment of curable cases. This sentiment began by excluding idiots from among the insane under the law of 1874; later the criminals, by the establishment of the hospitals for the criminal insane; and then later on, the dotards, under the limitations that have been outlined by certain of the gentlemen who have spoken. Now, I think the real question in dealing with these people is, where you are going to draw the line as to whether or no all of those cases are insane. Certainly, if you look at the care that is to be provided, or would be provided, by the almshouses and the local authorities generally, hardly any of those cases could now be adequately cared for by them, except when they are very mild. We have heard a great deal among the hospitals from the Lunacy Commission at various times upon the subject of dotards and also upon the subject of idiots. The

Lunacy Commission went around among the hospitals and called our attention very emphatically to the number of idiots and so-called dotards, and demanded that they be removed, saying that otherwise the Commission would take steps to see that that was done. Now, are not all of these people proper subjects for the supervision of a central Lunacy Commission; are they not people who are out of their minds, and is not the system we have built up to-day under the amendments to the Constitution and the Insanity Law, arbitrary, and to some extent misleading, in that it does not take care of all people who are insane under one central supervision, and does it not discriminate in the case of idiots and dotards? There are a variety of conditions, as has been related, where it seems to me quite inevitable that discrimination must now be made, and the only point on which that seems to rest at present is, do the superintendents think these can be adequately cared for outside of the State hospitals. As to idiots, we have a very few institutions for idiots, but when the Insanity Law was amended, I think in 1890, the law was worded so that the difficulty that had been had prior to that, concerning the supervision of institutions for the care of idiots, was, to some extent, eliminated; at least the authorities who framed the law tried to eliminate it, by excluding the idiots from the supervision of the Commission in Lunacy. A similar attempt was made, as you are aware, in amending the Constitution.

I have had it from one of the superintendents of one of the institutions for feeble-minded that, when he perused the draft of the bill, that it appeared to be doubtful as to whether thereafter they would not have to care for maniacal idiots, and that he was asked by the chairman of the committee who had it in hand, "What would you do with an excited and disturbed case?" and he (the superintendent) personally suggested the language, "Feeble-minded persons becoming insane may be committed as an insane person to a State hospital," etc. So, then, we have an exactly similar case, as in the matter of dotards. Where are you going to draw the line in regard to idiots, are they not feeble-minded also? The institutions for idiots only wish to take care of those of the so-called "teachable" class. What are you going to do with the idiots who are disturbed and unteachable, or what are you going to do with the dotards who become disturbed, after they are rejected, as many of them are? The county authorities have no adequate means for caring for them, and the almshouses in most instances

do not seem to be provided with sufficient facilities and advantages for the proper medical care of these cases. I think, therefore, the real purport of this matter is, what is the proper care for these various cases, and should they all or should they not, be directly under the supervision of a central Lunacy Commission? I undertook some years ago when that question came up under the direction of the Lunacy Commission, to draw the line in the matter of idiots. I found it very difficult. I found the testimony very conflicting in various authorities as to what constituted an idiot, and that almost all medical authorities look upon idiocy as acquired as well as congenital. I undertook to assume for the purposes of settling in a practical way as far as we could, any cases that we had in hand at that time, that it would be better to call idiocy congenital mental defect. I had some cases which we rejected taken into the courts, and these were afterwards admitted elsewhere. Is not the real question under all of this, the proper care of the feeble-minded, and as to whether they ought not to be, as well as the insane, under the central supervision of the Lunacy Commission, because they are all types of abnormal mentality and therefore insane? If so, then it is a question of amending of the Constitution, additional legislation, of classification, adequate buildings and separate provision at each hospital. The one thing, I think, which more than anything else has caused us to want to separate these people, has been some feeling that they might make a poor showing in the recovery rate and in our tables, and also give outsiders rather a poor opinion — a poorer opinion than if our institutions could be looked upon as institutions for the care of curable cases, and I believe that the medical authorities of this and other countries have had that in mind very largely in the discussion of recent years, when these attempts have come up, to exclude cases of that kind from institutions for the care of the curable insane. Personally I am not in favor of excluding cases of this sort from the care which should be given to the insane, but I think that separate provision in these hospitals should be made for them, and I think where that is given that the central authorities should not necessarily look upon the care that is to be given for this class of people in the same way as upon the care of curable cases, because it might be that in some cases a greater amount of attention, ordinarily, must be given to the curable cases.

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Mr. Chairman — I think I am disclosing no secret when I say that Mrs. Acker has given a great deal of attention to this sub-

ject, and I am sure if she will be good enough to tell us her views that they will be very interesting.

Mrs. Acker — I have had the pleasure, gentlemen, of both reading and hearing Dr. Elliott's admirable paper, and so I feel very especially privileged to hear it so fully discussed, and personally I am heartily in sympathy with the general tone of the discussion. The little clause in the Insanity Law concerning this matter of dotards had never met my attention until I knew the subject of Dr. Elliott's paper, and at once I felt that it was a subject which was of interest to the Boards of Managers, because it touches upon a subject on which the average community has rather strong feelings and very decided opinions, and I apprehend that one reason for the appointment of Boards of Managers is that the spirit and sense of the average community towards the State hospitals and their policies may be represented and expressed. I know that my own average community has decided opinions upon this matter, and I am very glad to have the privilege of expressing them. Of course, my neighborhood would not recognize it as a question of "dotards." With average people the term "crazy" covers every case with which psychiatry deals, and the only distinction they would make would be "not really crazy, just childish;" still further to subdivide "just childish" into "dotage," and "senile dementia" would be entirely beyond the average person, and I think from the discussion I have heard that it is none too easy even for experts; now it happens that in my neighborhood there is a dotard. She lives next door to me, a feeble woman over eighty, who has come to finish out her days in the family of her daughter, a family in very moderate circumstances. She has always led a useful and respected life, but now she meddles with fire, and she runs away; she laboriously waters the stakes that show where shrubs are to be planted, and she picks the flowers; she likes to stand on the front porch and wave a flag, and sometimes I find her dish towels hung out to dry on my front steps, all of which might annoy me very much, if I did not feel that there, but for the grace of God, was my own mother! and so the neighborhood bears it on account of our sympathy for both mother and daughter.

But if that daughter should realize that her mother's care was a burden, and should decide to have her committed to a State hospital, a great outcry would arise in our neighborhood; because we should *all* feel that she would be much more comfortable at

home, and *some* of us would realize the danger of still further weakening the already too weak sense of responsibility of parents towards children and children towards parents, and so I say a great outcry would arise, and then, if some well meaning doctor should succeed in having her committed, we should expect you to decline to receive her, and I think you would! But if, having received her under some misapprehension, you remanded her to the care of the almshouse, a still louder outcry would arise. I do not really know what would happen to you, but I think it would be better for the daughter to leave the neighborhood! If, however, that daughter, possibly overworked and naturally irritable, should seize that old mother by the arm and pull her into the house and thrust her into a chair, and make her sit there, and if the knowledge came to me and to my neighbors that that was her custom, we would then say, "Send that old woman to a State hospital where she can have good care!" And if she should then be committed, we should expect you to receive her, and I think you would! She would be the same dotard, but under the one condition would not be a suitable case for State care and under the other condition she would be.

But suppose that this parent had been all her life an indolent, unthrifty person and had reared a brood of irresponsible children, then the neighborhood would be sure to say, "why doesn't she go to the almshouse; that is where she belongs!" I think it is not difficult to distinguish the class of people who really belong in the almshouse when the proper time comes. Of course we do not like to believe — do not like to assume, that there are class distinctions in our society, but we know that there are different strata, and while it is well for everyone to try to rise, yet deliberately to move them from one level to another is a very unwise thing. I happened to know some years ago an old woman who had worked for years in a rural community and who, because there is a certain respect due to white hairs — was sent by public subscription to an Old Ladies' Home, where she was very quarrelsome and very unhappy; finally, when her friends were discouraged, she was sent to the almshouse, and there she is to this day, still very quarrelsome but entirely happy, because she has her own class to quarrel with. I do not think it is very difficult for us to decide what class would naturally gravitate to the almshouse when they become dependent. I am very glad to say that it seems clear to my average mind that that discretion you gentlemen have referred to

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ought to be exercised as to who should be left at home, who should be received at the hospital, and who should be relegated, possibly, to the almshouse. I think it can be safely left to your discretion, as you all have implied that there is not possible any hard and fast distinction of a dotard, subject, or not subject, to State care. I think there never has been. I happen to know rather well a man who was in very close touch with the State Care Act when it was passed, and I asked him what was in the mind of the people who favored the bill in regard to dotards, and he said he did not know; that that matter was left then, as now, to the superintendents. But he said that the arguments which secured the most votes for that measure were based on pathetic and actual pictures of old men and women, feeble in mind by a mental illness or through old age, who were seen uncared for in almshouses or ill-treated at home. It has always been the policy of this State to err, if at all, on the side of kindness, and I think it always will be. No State hospital can afford to be inhospitable to any members of a class whom the general public believes instinctively to be proper subjects for the greatest kindness and care. Of course, it is a matter of history that not all the superintendents of State hospitals were in favor of the State Care Act when it was passed, and on that occasion it was said that one of the then superintendents, a man no longer in the service, was very much opposed to the State Care Act just because of the large number of dotards, as we understand the term, who would be "unloaded," as he expressed it, upon the State hospitals. He said he considered them incurable and, I think, spoke of the possible effect upon his rate of recovery, which does not appeal to me as any argument. He said that they were totally undesirable and, so far as he was concerned, he did not want them in "his hospital." One gentleman told me that he and others were so incensed at the attitude of this man that personally he carried his dislike of the man's attitude to the hospital that the man represented, and that, indeed, he had never cared to pass through the town where that hospital was located. That is rather an extreme sentiment, of course, but it shows that he and other laymen felt strongly on these matters. It seems to me that there are certain things that the average community will not stand for, and I suspect that the sending to an almshouse of a person who would not naturally gravitate there is one, and the refusal to receive in a State hospital any person whose relatives either cannot or will not care for him properly is another. At any rate, that is what we of my own average neighborhood think.

Of course, it is quite justifiable for you to smile in your minds at the very comfortable way in which the utter inexperience of the average community permits itself to hold and express decided opinions, more decided than you here who are learned in the facts and the law could afford to hold, but you must all remember that Emerson says that

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“if even one single man will plant himself indomitably on his instincts and there abide,

The huge world will come around to him.”

Dr. Russell — I would like to say just a few words. I feel that all has not been said that might be said, and that the outcome of this very interesting and, on the whole, sound and sensible paper of Dr. Elliott, and the discussion that has followed will perhaps be to make some change in the policy of the hospitals in regard to these cases. For this reason I think perhaps another aspect of the case might be presented. We are in the presence to-day of a growing sentiment in favor of sending to the hospitals for the insane all cases that in the judgment of physicians will be benefited by care and treatment there. This applies not only to those old people but to every class, including alcoholics, drug cases, and a great many feeble-minded cases. In regard to this question we should try to grasp clearly the primal purpose and intent of the hospitals for the insane. Is it to admit all classes of mental disorder and all cases of mental disorder that might possibly be benefited by admission to them? Even if so we must draw a line somewhere. Certainly some alcoholic and drug cases that get into the hospitals nowadays are not cases of insanity in the true sense of the word, or in the formal application of the word, perhaps I ought to say. The same is true in regard to idiots. A distinction between dotards and insane people has been made for many years, and if we go back to old works on insanity, for instance Prichard's, which is sixty years old or more, this distinction is very sharply drawn. Such distinctions are perhaps theoretical only, as practically we all know it is not possible to draw a very sharp distinction. We ought not to lose sight of this aspect of the problem, however, and I believe that on the whole the present methods are very satisfactory. The result of this discussion will, I think, be to amend them in the direction in which they should be amended. Recently the inspector of almshouses of the State Board of Charities criticised the State hospitals for sending back to the almshouses cases that could not be properly cared for

there, and his opinion was that these people were insane and should not be there. Now, I think the present method of sending out experienced and discreet physicians to decide on the merits and environment of the cases is the very best one, and probably the only practicable one. It is a good one not only for the sake of the hospitals but for the sake of the patients. I wish Dr. Elliott or someone had taken the time to make an analysis of the length of time that these people live after they get to the institutions. A good many, a very large proportion, die within a short period, and in some of the cases their death is hastened. It is, however, not only the physical condition of the patient that should be considered, although Dr. Elliott has placed it first of all. It is not the only thing. I think the conditions such as have been referred to by Mrs. Acker and also by superintendents here should also be considered. An all-around view of the case should be taken, and I repeat that the present method, if carried out intelligently, is a very good one and will accomplish all that is necessary.

Mr. Chairman — If there is no further discussion, Dr. Elliott will be asked to close.

Dr. Elliott — There is very little for me to say in view of the nature of the discussion. The real object in reading this paper was to get the subject before the conference in order that there might be a free expression of individual opinion, and I am glad to see that the opinion, generally speaking, is fairly unanimous regarding the subject. We have never before been in so good a position to learn this so definitely as we are after the proceedings here now. Dr. Macy referred at some length to the question of idiots being considered in conjunction with persons whose minds are deteriorated as the result of senility. It seems to me that the case of the senile person is very different from that of an imbecile or an idiot. The senile cases have gone through life, have perhaps lived good lives, their habits have been good, they have supported as best they could their families, and in their old age are stricken down and have become incompetent mentally. It seems to me that the guiding principle with us should be to see that such persons get the care they need; if they cannot get it at home, then we ought to give them that care. Then, Dr. Hutchings referred to the importance of not overburdening the hospitals with this class of hopeless cases to the detriment of the acute cases. In recent years we have heard a great deal about the importance of

having facilities for giving acute cases certain treatment, and after all the acute cases form a very, very small proportion of the cases that we have to care for. The vast army of patients in the hospitals are chronic cases, and are from the beginning; they have to be cared for the rest of their lives, and, as Dr. Russell has said, in the case of senile demented, they are not going to be a burden upon us very long, anyway. At most they live but three or four years. It seems to me that they are entitled to very special consideration.

Mr. Chairman — We will now take up unfinished business, and I would like to hear something from the chairman of the Committee on Training Schools if that committee is in a position to make any report.

Dr. Howard — For more than three years there has been a general movement in England and America for the advancement and improvement of the training schools in the hospitals. This movement had its effect upon medical men to such an extent that in New York city recently the Academy of Medicine took up the matter with great thoroughness. At the meeting of the American Medico-Psychological Association at Boston a whole day was given to the consideration of this matter. In conjunction therewith the conference of superintendents of State hospitals in New York State gave up a greater part of an important meeting at Ogdensburg to this question, and it fell to your committee to do something to systematize in a definite way the work of the training schools in the State hospitals in New York State. As you know, Dr. Russell was added as an advisory member of this committee at that meeting, and with painstaking effort we have prepared, with Dr. Russell's assistance, a scheme which has been mailed to you all, and which has been adopted by a joint committee of your regular Training School Committee and your Committee on Registration of Training Schools, and we present it here to-day and urge you to adopt it. It should be stated that this series of blanks will be printed and it is the intention of the committee that this matter should be given to some one at each hospital who shall have charge of the direction of the work, and that it should not be restricted to the supervisor to have the actual training of the pupil nurses, but that it should be followed up closely by this person who is appointed to take charge of it at each hospital. The report is before you, and I move its adoption.

Dr. Elliott moved to amend by providing that it be also printed.

The motion, as amended, was unanimously adopted.

Dr. Howard — Might I suggest that in the printing of these blanks and of this report that the matter be submitted to Dr. Russell.

REPORT OF COMMITTEE ON TRAINING SCHOOLS

This outline is intended as a guide for the supervisors and charge nurses, in the practical training of the pupil nurses by means of systematic and carefully directed practice on the wards.

It is made up largely from schedules and outlines in use in the different hospitals, the object being to combine the best features of all.

It is not intended to cover the instruction by demonstrations and class-room drill, which must still be given as heretofore.

As the pupil nurses cannot all begin on the same ward, there is some repetition in the schedules. The instruction need not, however, be repeated.

As far as possible, the training indicated under each schedule should be given by a charge or special nurse, under the general direction of a supervisor, who should be held responsible for seeing that the work was well done, and the pupils justly rated.

For harmonious and efficient work, someone should have general supervision of the practical training throughout the hospital.

SCHEDULE OF WARD SERVICE AND PRACTICAL WORK

SCHEDULE	CLASS OF PATIENTS	PERIOD WARD SERVICE	
		Junior Year Months	Senior Year Months
A	Acute medical and surgical.	3	3 (1 mo. n. duty)
B	Acute insanities—excitements.	2	2 (2 wks. n. duty)
C	Acute insanities—Depressions confusions, delusional states. .	2	2 (2 wks. n. duty)
D	Infirm, chronic bed cases.	3 (1 mo. n. duty)	.....
E	Tuberculous.	1	1
F	Convalescent.		1
G	Epileptics.		1

SPECIAL SERVICE AND INSTRUCTION

Quarterly
medical
conferences

SCHEDULE		TIME	
H	Dispensary.....	2 weeks ($\frac{1}{2}$ day duty)	.....
I	Diet, kitchen.....	.....	1 month ($\frac{1}{2}$ day duty)
J	Autopsies—assisting at at least three .....	.....	.....
K	Gynecology—attending at examinations and clinics at least six .....	.....	.....
L	Hydrotherapy—assisting in special bath room.....	.....	.....
M	Laboratory.....	.....	6 hours
N	Bandaging.....	.....	.....

SCHEDULE A

Acute Medical and Surgical Cases

Junior Year

Hospital rules and regulations — care of keys.

Deportment toward patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. (See Schedule X.)

Special: (1) The surgical and other special beds.

(2) The ventilation, lighting and heating of the sick-room.

(3) Cleaning and disinfection of the operating-room.

(4) Use and care of ward utensils.

Care and use of nursing appliances: Syringes, atomizers, catheters, stomach tubes, ice and water bags, rubber bags, rubber rings and other rubber articles. Basins, sputum cups, spittoons, bedpans, urinals and all other metal, glass and porcelain articles.

Changing bedding and clothing of patient in bed.

Setting patient up in bed.

Getting patient out of bed.

Toilet and bath of patient in bed.

Preparation of patient for physical examination.

Care of the mouth, gums and teeth.

Care of the back and other parts exposed to pressure.

Use of the bedpan and urinal.

Collection of sputum, urine, feces and discharges for examination.

Serving food to patients in bed.

Preparation of egg-nog and other dishes on the ward.

Care of medicines and ward solutions.

Taking temperature, pulse and respiration.

Making bandages, tampons, sponges, etc.

Sterilization and care of surgical dressings.

Senior Year

Attending the ward physician on his rounds.

Preparation and administration of enemata and douches.

Preparation and application of poultices, stupes, mustard plasters, blisters, ice bags, hot-water bags, etc.

Use of ointments, powders, liniments and other external applications.

Disinfection of sputum, tools, discharges, infected clothing, bedding, ward utensils and nursing appliances.

Catheterization and bladder irrigation.

Preparations for surgical operations:

(1) Patient, bowels, bladder, skin — for anæsthesia, etc.

(2) Operating-room.

(3) Instruments and dressings.

(4) Solutions.

(5) Personal preparations — toilet, hands, costume, etc.

(6) Anæsthetist's articles.

(7) The bed and clothing of the patient.

Assisting at surgical operations in different positions.

Assisting at surgical dressings.

Bandaging. (Special instruction having already been given.)

Massage — administration by those previously instructed.

Medical baths — administration only after special instruction elsewhere.

Administration of medicines.

Observation of symptoms.

Bedside notes.

Charts, records and reports.

Care of convalescents.

SCHEDULE B

Quarterly
medical
conferences*Acute Insanities — Excitements*

Junior Year

Hospital rules and regulations — care of keys.

Deportment toward patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. (See Schedule X.)

Special: (1) Care of rooms for excited cases with reference to ventilation, heating, lighting, cleanliness.

(2) Care of beds, bedding and clothing of special cases.

(3) Use and care of ward utensils.

Attention to patient's toilet.

Special attention to hair, teeth, mouth, nails, feet.

Attention to dressing and undressing excited cases.

Getting patients ready for outdoor exercise; guarding and caring for patients during exercise. (Assisting only.)

Getting patients ready for meals, and attention to them during and after eating.

Food service: attention to temperature, division of food, bones.

Tray service: egg-nog and other special dishes.

Care of bed patients:

(1) Changing bedding and clothing of patients in bed.

(2) Protection of patients from exposure and draughts.

(3) Bathing patients in bed.

(4) Use and care of the bedpan and urinal.

(5) Taking temperature, pulse and respiration.

(6) Setting patient up in bed.

(7) Getting patient out of bed, on commode, on chair.

Hospital bathing.

Collection and care of urine, sputum, feces, discharges for examination and analysis.

Hydrotherapy. (Assisting only.)

Care and cleaning of feeding tubes, catheters, hot water and ice bags, syringes, rubber sheets and other rubber articles.

Care and cleaning of metal and glass articles used in nursing.

Management of patients:

- (1) Tactful, gentle, patient, firm methods.
- (2) Management of violence, destructiveness, mischievous tendencies.
- (3) Physical control. Hospital regulations — methods under various conditions.

Senior Year

Admission of patients:

- (1) Manner of receiving.
- (2) Removal and search of clothing; listing and care of articles.
- (3) Bath.
- (4) Examination of person and record of findings.
- (5) Putting patient to bed.

Attending ward physician on his rounds.

Administration and care of medicines.

Care and use of disinfectants and external applications.

Responsibility for patients during outdoor exercise. Precautions: attention to rest, toilet, exposure; emergencies.

Attention to patients at table.

Persuasion of those who refuse to eat.

Training the disorderly gluttonous and filthy at table.

Spoon feeding.

Tube feeding — preparation of food. Preparation and control of patient.

Care of bed patients:

- (1) Management of persistent restlessness and noisiness.
 - (2) Management of incontinence.
 - (3) Preparation of patient for physical examination.
- Observation and management of special symptoms.

Hydrotherapy:

- (1) Administration of packs.
- (2) Management of patients in prolonged and continuous baths.
- (3) Compresses.

Keeping charts, records and reports.

Night duty.

- (1) Attention to quiet moving and speaking.

- (2) Ventilation, temperature and lighting of wards and rooms. Quarterly
medical
conferences
- (3) Method of systematic observation of patients.
- (4) Night clothing of patient.
- (5) Guarding against exposure and draughts.
- (6) Attention to food and drink of those needing them.
- (7) Getting patient out of bed.
- (8) Nursing of sleeplessness and restlessness.
- (9) Precautions against accidents, escapes, suicide, assault.
- (10) Action in case of fire and other emergencies.
- (11) Keeping night charts, records and reports.

SCHEDULE C

Acute Insanities — Depressions, Delusional States, Confusional States

Junior Year

Hospital rules and regulations — care of keys.

Deportment toward patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. (See Schedule X.)

Special: Household arrangements to prevent suicide by suspension, strangulation, cutting, precipitation, scalding, drowning.

Attention to patient's toilet.

Special attention to hair, teeth, mouth, nails, feet.

(Shaving for men.)

Attention to dressing and undressing apathetic and resistive patients.

Getting patients ready for outdoor exercise. (Assisting only.)

Guarding and caring for patients during exercise.

Getting patients ready for meals and attention to them during and after eating.

Food service: attention to temperature, division of food, bones.

Tray service: egg-nog and other special dishes.

Care of bed patients:

- (1) Changing bedding with patient in bed.
- (2) Changing patient's clothing with patient in bed.
- (3) Protection of patient from exposure and draughts.
- (4) Bathing patient in bed.
- (5) Use and care of bedpan and urinal.

- (6) Taking of temperature, pulse and respiration. Care of the thermometer.
- (7) Setting patient up in bed.
- (8) Getting patient out of bed on commode and chair.

Hospital bathing.

Collection and care of urine, feces, sputum, and discharges for examination and analysis.

Hydrotherapy. (Assisting only.)

Care and cleaning of feeding tubes, catheters, hot water and ice bags, syringes, rubber sheets and other rubber articles.

Care and cleaning of glass and metal articles used in nursing.

Management of patients:

- (1) Tactful, patient, gentle, firm, reasonable methods.
- (2) Management of emotional outbursts.
- (3) Management of depressed conditions and agitation.
- (4) Management of delusions.
- (5) Physical control — Hospital regulations. Methods.
- (6) Precautions against suicide.

Senior Year

Admission of patients:

- (1) Manner of receiving.
- (2) Removal and searching of clothing; listing and care of articles.
- (3) Bath.
- (4) Examination of person and record of findings.
- (5) Putting patient to bed.

Attending ward physician on his rounds.

Administration and care of medicines.

Care and use of disinfectants and external applications.

Responsibility for patients doing outdoor exercise. Precautions against escape, suicide, exposure, over-exertion.. Attention to toilet, emergencies.

Management of those who refuse to eat.

Spoon feeding.

Tube feeding — Preparation of food. Preparation and control of patient.

Care of bed patients:

- (1) Management of persistent restlessness and agitation.
- (2) Management of incontinence.

(3) Care of the back.

(4) Preparation for physical examination.

Hydrotherapy:

(1) Administration of packs.

(2) Alcohol rub in bed.

(3) Sprays.

(4) Compresses.

Massage and electrotherapy. Administration only. (Special instruction given otherwise.)

Enemata and douches. Administration only. (Special instruction given otherwise.)

Observation and management of special symptoms:

(1) The proper attitude toward depressed patients.

(2) Delusions of various kinds.

(3) Impulses, obsessions, perversities.

(4) Masturbation.

(5) Self-mutilation.

(6) Suicidal tendencies. Degree and preferences.

Keeping reports, records and charts.

Night duty:

(1) Attention to quiet moving and speaking.

(2) Ventilation, temperature and heating of wards and rooms.

(3) Methods of systematic observation of patients.

(4) Night clothing of patients.

(5) Guarding against exposure and draughts.

(6) Attention to food and drink of those needing them.

(7) Getting patients out of bed.

(8) Nursing of sleeplessness and restlessness.

(9) Precautions against accidents, escapes and assaults.

(10) Special precautions against suicide.

(11) Action in case of fire and other emergencies.

(12) Keeping night charts, records and reports.

SCHEDULE D

Infirm, Chronic Bed Cases

Junior Year

Hospital rules and regulations. Care of keys.

Department toward patients, medical and other officers, supervisors, fellow employees, visitors, etc.

Hospital housekeeping: (See Schedule X.)

- Special: (1) Care of special beds and bedding.
 (2) Use of disinfectants and deodorizers.
 (3) Special care of the toilet-room for untidy patients.
 (4) Use and care of ward utensils.

Management of patients, by tact, patience and intelligent appreciation of their condition and needs.

Attention to patients' toilet and bathing.

Special attention to hair, mouth, teeth, nails and feet. Shaving for men.

Attention to patients' clothing, shoes, special garments.

Dressing and undressing feeble, demented and resistive patients.

Care of clothing at night.

Getting patients ready for meals. Attention during and after meals.

Food service: attention to temperature, division, bones, tray service.

Assisting the feeble, demented and apathetic to eat.

Care of the aged and infirm walking cases:

- (1) Attention to suitable clothing, underwear, night clothes, footwear.
- (2) Changing of soiled and wet clothing.
- (3) Management of incontinence.
- (4) Exercise in and out of doors. Guarding against exposure, over-exertion.
- (5) Rest during the day.
- (6) Suitable and properly served food.
- (7) Guarding against fractures and other injuries.

Care of bed patients.

- (1) Changing bedding with patient in bed.
- (2) Changing patient's clothing with patient in bed.
- (3) Protection of patient from exposure and draughts.
- (4) Bathing patient in bed.
- (5) Foot bath to patient in bed.
- (6) Use and care of the urinal and bedpan.
- (7) Taking temperature, pulse and respiration.
- (8) Getting patient out of bed.
- (9) Setting patient up in bed.

(10) Use and care of the commode.

(11) Care of the back and other parts exposed to pressure.

Care of nursing appliances — syringes, catheters, stomach tubes, ice and water bags, rubber rings. Basins, sputum cups, cuspidors. Artificial limbs, commodes, wheeled chairs.

Hospital bathing.

Collection and care of urine, feces, sputum, and discharges for the doctor.

Senior Year

Hospital housekeeping. Special:

(1) Preparation of room for fumigation.

(2) Fumigation of a room.

(3) Cleaning a room after fumigation.

Attending the ward physician on his rounds.

Transportation of patients: Stretcher, mattress, ambulance.

Food service:

(1) Proper food for the aged, paralyzed, very demented.

(2) Precautions against scalding and choking.

(3) Feeding the feeble and demented.

(4) Training the untidy to better habits of eating.

(5) Tube feeding — Preparation of food. Preparation and control of patients.

Care of patients in wheeled chairs.

The care and administration of medicines.

The care and use of external applications, surgical and disinfectant solutions.

Care of paralyzed limbs and contractures.

Enemata and douches. Preparation and administration only after class-room instruction.

Care of the genitals.

Care of swollen limbs.

Dressing of chronic ulcers. Care and disposal of soiled dressings.

Dressing and nursing of skin diseases.

First aid in injuries; control of hemorrhage; management of fainting and shock; discovery of fractures and management.

Nursing of patient in a convulsion.

Nursing of a comatose patient.

Use and care of the catheters. (After class-room instruction only.)

Prevention of bed sores and abrasions.

Nursing of bed sores, abrasions, excoriations, etc.

Attention to the dying.

Care of the dead.

Keeping of charts and records and making reports.

Night duty:

- (1) Attention to quiet moving and speaking.
- (2) Ventilation, heating and lighting of wards and rooms.
- (3) Method of systematically observing and nursing patients.
- (4) Night clothing of patients.
- (5) Guarding against exposure and draughts.
- (6) Getting patients out of bed. Nursing of incontinence.
- (7) Attention to food and drink when needed.
- (8) Nursing of sleeplessness and restlessness.
- (9) Precautions against accidents, escapes, suicides.
- (10) Action in case of fire and other emergencies.
- (11) Keeping night charts, records and reports.

SCHEDULE E

Tuberculous Patients

Junior Year

Hospitals rules and regulations — Care of keys.

Department toward patients, medical and other officers, supervisors, fellow employees, visitors, etc.

Hospital housekeeping. (Special):

- (1) Special ventilation of wards and rooms.
- (2) Temperature of wards and rooms.
- (3) Special methods of sweeping and dusting; the prevention of flying dust.
- (4) Utilization of sunshine as a disinfectant for bedding, clothing, furniture, rugs, etc.
- (5) Washing and disinfection of floors, woodwork, walls and furniture.
- (6) Disinfection of clothing, bedding and other articles which have come in contact with sputum.
- (7) Care and disinfection of different types of spittoons.
- (8) Disposal of sputum.
- (9) Cleanliness and disinfection of nursing appliances and of dishes.

(10) Disposal of articles of food left by patients.

(11) Disinfection and disposal of infected stools.

Precaution to be taken by the nurse to avoid becoming infected:

(1) General care of the health.

(2) Care in regard to sputum and soiled articles.

(3) Care and disinfection of the hands.

Senior Year

Hospital housekeeping. (Special.)

(Junior work to be repeated.)

Attention to the clothing of the patients in reference to temperature, cleanliness, freedom from infection by sputum.

Special attention to the bed and bedding in reference to protection from infection by sputum and discharges; airing; disinfection of the bedstead.

Attention to obtaining the maximum amount of fresh air for each patient indoors and out.

Nursing of patients outdoors. Precautions against temperature, wind, and dust, over-exertion.

Preparation of egg-nog and other special food.

Management of the dietary in special cases.

Instruction and training of patients in regard to expectoration and the disposal of sputum.

Taking temperature, pulse and respiration.

Giving of sponge bath and alcohol rub.

Massage. (Administration after special instruction elsewhere.)

Keeping sleep, weight, temperature and other charts and records.

SCHEDULE F

Convalescent Patients

Senior Year Only

Special exercises for patients — calisthenics, indoor and outdoor games, dancing.

Occupation of patients. Special training of apathetic, dull, reluctant patients.

Diversion of patients: Interesting, apathetic and dull or irritable patients; music, reading, entertainments, games, excursions, etc.

Escape of patients — duties of nurse.

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Attention to friends of patients and other visitors.
Administration of medicine.
Special care of private clothing.

SCHEDULE G

Epileptics

Senior Year Only

Household arrangements for safeguarding epileptics, beds, etc.
Nursing during a convulsion; guarding against injury, exposure, choking, biting, etc.
Nursing after convulsion.
Nursing of status epilepticus.
Care of injuries, abrasions, bruises, cuts, fractures.
Anticipation of convulsions; auræ, mental states.
Precautions against injuries and outbreaks.
Management of the epileptic — mental condition.
Nursing of epileptic excitement, depression and automatic states
— preventive measures.
Precautions in the occupations and diversion of epileptics.
Precautions in bathing epileptics.
Dietary of epileptics. Suitable food, preparation and service.
Rectal feeding.
Medication of epileptics. Rectal medication.
Care of the mouth, teeth, stomach and bowels in epileptics.
Night care of epileptics. Precaution against accidents.
Charts and records.

SCHEDULE X

Hospital Housekeeping

To be given in junior year, on ward where training is begun, or
where most convenient

Ventilation, temperature and lighting of wards in general.
Special attention in regard to these at meal hours and at other
times when wards are empty.
General and special cleaning of wards and rooms.
Care and cleaning of scrubbed and of polished floors.
Care and cleaning of tile, enamel, marble and metal work.
Care and cleaning of windows.
Care and cleaning of stairways, halls, clothes and dust chutes.
Cleaning, ventilating and general care of toilet-rooms, lavatories
and baths.

Care, airing and cleaning of bedsteads, mattresses, pillows and bed linen. Quarterly
medical
conferences

Care and cleaning of rubber sheets and other bed protectors.

General bed making.

Care and cleaning of furniture, rugs and carpets.

Care of brooms, brushes, mops, pails and other ward utensils.

Care of wardrobes, bureaus, etc., and their contents, in patients' rooms.

Care of patients' clothing at night.

Care of clothes and linen rooms:

- (1) Marking hospital and private clothing.
- (2) Marking ward linen.
- (3) Arranging clothing and ward linen.
- (4) Mending clothing and ward linen.
- (5) Care of footwear.
- (6) Sending to and receiving from the laundry.
- (7) Making requisitions and receipting for ward supplies.

Use and care of disinfectants and other poisonous ward solutions.

SCHEDULE H

Dispensary

Junior Year Only

Learn to wash bottles, medicine glasses, etc.

Learn table of apothecaries' measure.

Learn table of fluid measure.

Learn table of approximate measure.

Learn table of metric system.

Learn abbreviations and signs used in prescriptions.

Learn table of equivalent of metric system.

Learn to make 2, 5, 10 and 25 per cent solutions.

Learn to make solutions 1/500, 1/1000, 1/5000.

Learn to weigh medicines.

Learn to measure medicines.

Learn to recognize more commonly used medicines.

Learn administration of dose of cod liver oil; castor oil; rochelle salts; epsom salts; bromide potassium.

Learn administration of powders, tablets, pills, etc.

Learn antidotes for poisons; acids; alkalies; corrosive sublimate; carbolic acid; oxalic acid; opium; belladonna; chloral; strychnine.

SCHEDULE I

Diet Kitchen

Care of kitchen. Ventilation, cleanliness, etc.

Care of ranges.

Care of utensils.

Care of refrigerator.

Preservation of food stuffs.

Preparation of foods:

- (1) Broiling steaks, chops, chicken, fish, etc.
- (2) Preparation of soups, broths, beef tea, meat juice.
- (3) Cooking eggs: boiling, poaching, scrambling, baking, custards.
- (4) Cooking potatoes: boiling, baking, creaming.
- (5) Cooking cereals and simple puddings.
- (6) Breads: toast, muffins, etc.
- (7) Various methods of preparing clams and oysters.
- (8) Milk: acid, malted, peptonized: egg-nog, koumiss, junket.
- (9) Lemonade, white of egg and water, orangeade, flaxseed tea, etc.
- (10) Preparation of fruits and jellies.

Preparation of tray and methods of serving the various articles of food.

SCHEDULE J

Autopsies

Preparation of body for examination.

Preparation of appliances, water, sponges, instruments.

Assisting physician during examination.

Nurses' duties after conclusion of examination:

- (1) Sewing up cavities.
- (2) Preparation of body for transportation.
- (3) Care of instruments.

Nurses' duties when an autopsy is to be held in a private house.

Attitude towards friends of deceased.

Preparation of room, table, utensils, instruments, etc.

Assisting examiner.

Care of body and room after examination is completed.

SCHEDULE K

Gynecological Cases

Senior Year Only

Quarterly
medical
conferences

Preparation of table.

Articles and instruments needed for examination.

Preparation of instruments before and care after examination.

Preparation of tompons, cotton balls, etc.

Preparation of patients — bowels, bladder, etc.

Placing of patient — dorsal, lateral, Sims', knee chest, and upright position.

Douches. Preparation and administration.

Care of douche nozzles.

Sterilization of hands.

SCHEDULE L

Hydrotherapy

Care of hydrotherapy room — supplies, cleanliness, ventilation, etc.

Care and use of steam boxes, douche table, continuous bath, boiler, ice box, etc.

Preparation of patient for bath, care of clothing.

Points to be considered when bath is to be given. Action of bath, effect on pulse, etc.

Precautions to be observed during and following bath.

Technique of the various hydrotherapeutic measures:

- (1) Ablution.
- (2) Affusion.
- (3) Douches — jet, fan, spray, rain, needle, spinal, nasal, Scotch, etc.
- (4) Packs: dry, wet, cold, hot, local and general.
- (5) Sheet bath.
- (6) Drip sheet.
- (7) Full bath — cold, warm, hot.
- (8) Full bath and fever cot for reducing temperature.
- (9) Local — Sitz, foot, etc.
- (10) Continuous baths.
- (11) Steam and vapor baths — local, general.
- (12) Hot air baths.
- (13) Medicated baths.

- (14) Alcohol sponge, shampoo.
- (15) External application of heat — hot-water bags, stupes, etc.
- (16) External use of ice — ice bags, coils, etc.

SCHEDULE M

Laboratory

Urinalysis:

- (1) Amount. How to obtain a 24 hours' specimen.
- (2) Precautions to be observed in securing and preserving specimen of urine for analysis.
- (3) Examining and recording:
 - Color, odor, etc.
 - Specific gravity.
 - Reaction.
 - Sediment.
 - Characteristics of acid urine.
 - Characteristics of infected and of bloody urine.
 - Concentrated urine.
 - Albumen: test for presence and for amount. How to show relative amount on successive days.
 - Sugar: test for.

SCHEDULE N

Bandaging

Senior Year

- (1) Spiral, figure of eight; spiral reverse bandage.
- (2) Arm bandage, elbow, spica of shoulder, single and double.
- (3) Hand bandages, spica of thumb.
- (4) Foot, including heel; leg, including knee.
- (5) Stump dressing and bandage.
- (6) Recurrent of head.
- (7) Slings, handkerchief bandages, four-tailed bandages, Scultetus bandage.
- (8) Eye bandages.

MONTHLY RECORD OF NURSE

Quarterly
medical
conferences

Record of.....member of the.....Class

Month of, 19

Ward.....

Practical work.....

General efficiency.....

Punctuality.....

Industry.....

Neatness.....

Deporment.....

.....

Supervisor

100% — Excellent.

90% — Good.

80% — Average.

75% — Fair.

Below 75% — Poor.

Approved,

.....

Assistant Physician

RECORD OF PUPIL NURSE

JUNIOR YEAR

Name Age.....

Nativity.....Civil condition.....

When employed.....

Previous occupations.....

Previous service in this and other hospitals.....

.....

Passed entrance examination.....Rating.....

Passed midwinter examination.....Rating.....

Quarterly medical conferences

WARD SERVICE

CLASS OF PATIENTS	SERVICE BEGAN	SERVICE ENDED	TOTAL PERIOD	
			DAY	NIGHT
Acute Medical and Surgical.....				
Acute Insanities—Excitements.....				
Acute Insanities—Depressions, etc.....				
Infirm, Chronic Bed Cases.....				
Tuberculous.....				
Total Service—Months.....				

MONTHLY RATING

[illegible]

Passed junior examination	Rating	Quarterly medical conferences
Passed Board of Examiners	Rating	

SENIOR YEAR

Name	Age
Civil condition	
Nativity	Previous occupations
Previous service in this and other hospitals	
When employed	
Where junior training received	
Passed junior examination	Rating
Passed midwinter examination	Rating

Passed Senior examination.....	Rating.....	Quarterly medical conferences
Passed Board of examiners.....	Rating.....	

Dr. Russell — I suppose the report of the committee and also the remarks of Dr. Howard will be printed, and it is simply desired that I shall put them into shape for this. It has been a question whether the schedules should be printed as a pamphlet, or whether in separate leaflets. The intention was to provide schedules for practical training in different parts of the hospital, and the different supervisors and charge nurses having charge of the work would simply be interested in that part of the schedules that referred to their own duties and responsibilities.

The following is a suggestion of the committee:

That a pupil nurse who drops out be obliged to take the year broken into over again. If more than a year elapses between the junior and senior year, the whole course must be begun again.

That the entrance examination include a rating for general fitness.

Mr. Chairman — I should think a certain number should be printed in pamphlet form so that it can be permanently kept.

Dr. Howard — It seems to me there is a little misunderstanding as to whether there should be discussion on this subject. The impression was that there was to be an opportunity to discuss this matter, and now it is felt that no opportunity is given. An opportunity was given, but it was not seized upon, and I feel that the question had better be opened again.

Mr. Chairman — There is certainly no objection to the discussion of this report, but I had supposed that it had been so thoroughly considered that it was in a condition to be adopted without further discussion, but if any members of the conference have anything to say we shall be very glad indeed to hear from them. There is one more matter in connection with the subject that I think Dr. Mabon can enlighten us upon, and that is his conference with the Regents in regard to the registration of nurses.

Dr. Mabon — The committee on the registration of nurses begs to report progress. We had a joint meeting with the committee on training schools in New York some time ago, and all were present with the exception of Dr. Hutchings, whose wife was ill and was, therefore, prevented from attending. We dis-

cussed very thoroughly the qualifications for entrance to the school and the qualifications for graduation, and determined to have an interview with Dr. Rogers, first deputy commissioner of education, who practically has charge of this part of the educational work in the State. Yesterday afternoon Dr. Howard, Dr. Russell and I, met Dr. Rogers and went over the various points, and while no conclusion was reached we beg to say that Dr. Rogers' attitude was open, and we feel at a future conference we may be able to determine what further action is necessary, whether any action looking to a change in the law or whether to take up with the Board of Regents only the settlement of this matter and get them to make concessions to meet our conditions so that we will be able to place our nurses upon a permanent basis.

Mr. Chairman — There are quite a number of other matters which we intended to discuss to-day, and I think it possible that we might finish by 1 o'clock. I should, therefore, like to know whether it is the desire of the members of the conference to continue without intermission or whether we shall adjourn and meet again this afternoon.

Dr. Howard moved that the conference continue. Seconded by Dr. Elliott and adopted.

Dr. Harris — I would like to ask a question in regard to the entrance examination for the training-school. The schedule provides for two years of continuous work. Should there be only one entrance examination? Pupil nurses enter the hospital from time to time, and since this work is continuous I would like to have the opinion of the training-school committee, concerning whether or not there should be more than one entrance examination.

Dr. Russell — In view of the fact that Dr. Howard was occupied and did not hear what was said by Dr. Harris, I might perhaps say that that matter was discussed at the joint meeting that Dr. Howard referred to and it was thought inadvisable to recommend it.

Mr. Chairman — All the members of the conference are undoubtedly aware that last winter we were threatened with quite serious legislation with regard to the hours of employment of nurses and attendants. I feel quite certain that similar efforts will be made the coming winter. In going around the State the

Commission has found that there is such a wide discrepancy in the hours of service in the different institutions that it has been thought advisable to ask the superintendents to come here to-day prepared to discuss the question of the hours of service of the day and night attendants and nurses, and I should be glad to hear from anybody who has anything to say upon the subject. It may be possible to come to some conclusion to-day, but I think it would be altogether probable that we shall have to appoint a committee for further consideration of the matter. At all events we ought to do something before the meeting of the Legislature to forestall any such efforts as were nearly successful last year.

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Dr. Dewing — It seems to me necessary with the present provision of employes to divide our employes into two shifts, day and night, and that being the case it seems to me necessary or practicably desirable that the day shift should go on duty as the patients arise and only go off duty after most of the patients have retired for the night. At the hospital where I am I have given some attention to that matter, and the most practicable arrangement seems to be for the day attendants to go on duty at 6 o'clock and go off duty at 7.30 in the evening. That makes the hours of duty of day attendants $13\frac{1}{2}$, and correspondingly the duties of the night attendants $10\frac{1}{2}$ hours. I think that really it would be fairer to make the hours of duty of the night attendants a little longer and the hours of duty of day attendants a little shorter, that is, assuming that we must have only two shifts, but if you do that you compel the patients to remain still longer in bed and it seems to me that that would be inadvisable.

Dr. Howard — Do your patients go to bed at 7.30?

Dr. Dewing — Yes. If you allow the patients to remain up longer than that then you make it necessary for the day attendant to remain on duty more than $13\frac{1}{2}$ hours. Formerly the practice was in vogue of the patients remaining up until 8 o'clock and the day attendants remaining on duty until 8 o'clock and that made 14 hours a day, and it seems to me that that is altogether too long; even $13\frac{1}{2}$ is too long, but like most other things it seems necessary to strike the best compromise possible, assuming you have two shifts. But three shifts is an altogether different proposition. In regard to that matter I think you will agree that eight hours' duty is enough for anyone. That has commended itself to the common sense of the entire community. But it

seems to me in regard to this matter that it is a question as to whether the people of the state of New York represented in the Legislature are willing to set aside a sufficient amount of money to provide for three shifts of eight hours each.

Dr. Wagner — I would like to say a word or two on this subject. I have heard quite a little about the eight-hour service and three shifts in some other institutions, but I have not heard enough about it to have any decided opinion one way or the other. At Binghamton we have those on our night service go on duty at 7 p. m. and go off duty at 5.45 in the morning. That gives them $10\frac{3}{4}$ hours' duty. Our day service begins at 5.45 in the morning and continues until 7 in the evening for one-half the force, and one-half the force go off duty at 6 in the evening. I am not at all certain that this is the best arrangement that can be devised, but it has worked smoothly in our hospital, and I hear no complaints or dissatisfaction. Our employes seem to be very well satisfied with the arrangement.

Dr. Howard — Do I understand that you put your patients to bed at 7 o'clock.

Dr. Wagner — No, sir. I say that half the day force goes off duty at 6 and half at 7 p. m. On some of the wards where most of the demented patients are, they are all in bed by 7, but on other wards, where the patients are better able to take care of themselves, their going to bed is under the supervision of the night force.

Dr. Howard — And their care during the rest of the evening is under the night force?

Dr. Wagner — Yes, sir; except when there is an entertainment, then some of the day attendants and nurses accompany them to the entertainment hall.

Dr. Elliott — The conditions at Willard are mainly at the bottom of bringing up this discussion to-day. The situation there seems to be different than in any other hospital so far as I know, in that our day attendants have to remain on duty certain days until 10 o'clock at night, that is from 6 o'clock in the morning until 10 at night. This comes about three nights in two weeks, and is the result of conditions which are peculiar to Willard, especially with regard to the arrangement of the buildings. These requirements have existed through a number of different admin-

istrations and so far as I am able to learn all of my predecessors (and I think the majority of those in the room now have preceded me at Willard), tried to cope with the matter and were unable to change it. I am sure that our attendants have a very good argument to go to the Legislature with. They can say "we have to work from 6 in the morning until 10 o'clock at night," and it is a situation which should not continue. Something should be done and we have formulated a scheme which, by the addition of some six night attendants, we think we will be able to discontinue this 10 o'clock duty. Our night attendants alternate in going on duty at 8 o'clock and 10 o'clock in the evening, the average night service being nine hours. We have difficulty in getting employes to go on night duty even with those hours. I would like to see the hours of attendants and nurses made uniform throughout the State hospital service. I do not think the night attendants should be asked to come on any earlier than 8 o'clock.

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Mr. Chairman — The great trouble is that if we do not make a uniform rule satisfactory to us the Legislature will make one for us, so I think we had better forestall them.

Dr. Smith — At Central Islip the night nurses go on duty at 7 p. m. and are relieved at 6 a. m. The day nurses go on duty at 6 a. m.; some are relieved at 6 p. m., others at 7 and one remains on duty until 8.30 with the night nurse. This system has been established since the opening of the institution and has worked very satisfactorily with us and I doubt if any other plan would. The night nurses who are relieved at 6 a. m. are allowed to go off the grounds until 10.30 a. m. I do not consider night duty as hard as day duty. We have outside night watchmen who call every hour at every ward — every ward at Central Islip means a pavilion. Every pavilion has a night attendant or nurse, and the acute, sick and disturbed wards have more, some two and some three. This system has been carried on satisfactorily ever since the institution has been opened. There would be serious complaints if we asked the attendants to stay until 10 o'clock at night. Our attendants and nurses are allowed three days' leave of absence every four weeks. This represents accumulative time. Most of our attendants and nurses live in New York city, which makes it both impossible and expensive on account of the railroad fare for them to derive any benefit from divided time, half days, etc., as in other hospitals. Besides this they are allowed two weeks' vacation after one year's continued service.

Dr. Hurd — Our attendants go on at 8 o'clock and remain until 6.30 in the morning every night in the week except one, when they are allowed until eleven o'clock. In addition they are allowed a whole night once a month. We have a substitute who makes rounds of the wards in turn doing duty for night attendants one night in each month. This really gives them two days and a night each month, and many of them who live in the neighborhood are enabled to go home. I would say that seems to be a matter of justice. The day attendants are allowed one day a month. I would say that I have had no complaints as to night service, but on the contrary we have applications in for night duty and it is one of the positions which seems to be sought.

Dr. Dewing — In order to complete my statement as to the hours of night attendants I should say that once every two weeks each night attendant is allowed to leave the hospital on completing his duty, if he desires to do so, that is to say, if he desires on completing his duty at six o'clock in the morning he can leave and he is not expected to come on duty until 7.30 of the evening of the following day. But of course the most of the night attendants, instead of leaving the hospital at six o'clock in the morning, prefer to remain in the hospital and take the required rest during that day. If they do that they are allowed to leave the hospital at 4 o'clock in the afternoon if they desire to go away and stay with friends for one night and return at 7.30 the following day. So once each two weeks a night attendant is allowed to be away from the hospital an entire day if he desires, and it corresponds with the hours allowed for day attendants.

Mr. Chairman — That is in direct opposition to the rules of the schedule which states that night attendants shall not receive the fourteenth day.

Dr. Dewing — I think, Mr. Chairman, we found that there are some other allowances permissible to night attendants besides the fourteenth day.

Mr. Chairman — Every third Sunday.

Mr. Dewing — If this is so, we have been remiss and have been breaking the rule. But in any new rules governing time off I would recommend that the night attendants be allowed as much as the day attendants.

Mr. Chairman — That seems to be the trouble. Every hospital has gone on in its own way, and in the way that seems to cause the least friction. Now I can not see why the hours of nurses and attendants should not be the same throughout the State. The very fact that such a discrepancy has existed as at Willard and Central Islip has resulted in this outcry from the attendants and nurses, and unless we do something I am sure we shall have more serious trouble the coming winter than we had last winter. I think the hours at Middletown are similar to those at Willard, are they not?

Dr. Ashley — No, they are not so long; more evenly divided.

Mr. Chairman — But the attendants from Willard went to the Legislature and complained that they were compelled to work 16 or 18 hours a day and there was nobody to deny it. Of course such a statement undenied is a very strong argument for shorter hours, and it does seem to me that if we are compelled to have an eight-hour shift, with a consequent increase of one-third in the force of employes, that the burden to the State will be greater than it ought to be. So I think we ought to do our very utmost to effect some satisfactory compromise, and if it is agreeable to the conference I will name a committee consisting of Dr. Wagner, Dr. Elliott and Dr. Smith to report at the next conference, and the report, then, I hope, will be definite, something that we can act upon and something that we can stand upon. If there is no objection to that committee it will stand as appointed.

Dr. Howard — I have been requested to bring up the question of text-books for the training schools, with special reference to the growing lack of uniformity.

Mr. Chairman — Isn't that a matter for the committee on training schools to consider?

Dr. Mabon — No.

On motion of Dr. Mabon, the matter was referred to the committee on training schools.

Mr. Chairman — If the unfinished business is disposed of, we will now take up miscellaneous business. I believe Dr. Elliott has something to say.

Dr. Elliott — I would like to bring up the matter of food allowance for the State hospitals. The present dietary, I think, was

adopted some four years ago after the matter was considered by a committee and the recommendations of the committee at that time were adopted and accepted by the Commission. We have found that in some respects the ration allowances are not satisfactory. There are certain articles that we think should be increased to some extent, and in order to get the question before the conference I will move that a committee be appointed to consider the present dietary with a view to making suggestions for its revision.

The motion was seconded by Dr. Wagner and adopted.

Mr. Chairman — In pursuance of the resolution I will appoint Dr. Mabon, Dr. Hurd, Dr. Ashley, Mrs. Acker and Miss Newbold representing the boards of managers. This committee ought also to be in a position to make some final recommendation at the next meeting. There seems to be some doubt as to the intent of the resolution in regard to the hours of service. I wish to state that the hours of day as well as of night attendants should be considered.

Dr. Russell — If I might be allowed, I should like to make a suggestion to this committee on dietaries. I have just been asking Dr. Mabon what he regarded as the scope of the work of the committee, and he seems to think it refers only to ration allowance. As the outcome of my experience in visiting the hospitals, it seems to me very desirable that this committee should also make recommendations in regard to the management of the ration allowance, because the methods in the different hospitals vary, and I think in some directions one hospital gets better results than another. I think it would be quite appropriate for them to make some such recommendations. In my little article on the betterment of the hospital service I made some references to the dietary, especially to separate dietaries, and that is simply one of many points worth considering.

Mr. Chairman — I think it is understood that Dr. Russell's suggestions are to be taken into consideration. I think the preparation of food and the distribution is quite as important as the quantity of supplies, and I think that that should also be taken into consideration and recommendations made by the committee; and I also think that Dr. Russell, who has paid a good deal of attention to these matters in his rounds of the State hospitals, ought to be called in conference. I think he will be of material help to the committee. I will appoint him a member *ex-officio*.

The idea is not that everything shall be increased, but the work of the committee will be for a readjustment and more elasticity, and if there are any shortages in any particular article of diet, these items are to be considered. It is not the intention of the Commission, or of the superintendents, that there should be any wholesale increase, but a rearrangement and an improvement in the preparation and distribution of the food supplies.

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Dr. Mabon — It is my own impression that there are a number of things that are too high, while there are other things where we are short, and the idea is to adjust these matters.

Mr. Chairman — Another word. Dr. Russell says he thinks the point should be emphasized that the present dietary which was made up by Dr. Wagner, Dr. Mabon and myself, several years ago, has worked fairly well, and the question is not raised now on account of discontent, or any serious discontent, but simply because we find that, like all matters of this kind, it needs revision from time to time. In regard to the topics for the next meeting, Dr. Hurd is chairman of that committee and may have something to say.

Dr. Hurd — I suggested that I be allowed to give notice because so many managers are present to-day. The topic for the next paper is "The Annual Report; how it can be improved and made more useful." The annual reports not only contain the report of the superintendent and steward, but the managers also have a portion, and consequently we wish a good attendance of the managers at the next meeting, in the hope that we may have valuable suggestions. The suggestion of this paper is due to Dr. Hutchings, who will prepare the article. The admirable paper to-day by Dr. Robert M. Elliott was due to the suggestion of Dr. William L. Russell.

Mr. Chairman — May I suggest that Dr. Hutchings send around a short synopsis of the points he desires to bring out. While the discussion to-day was extremely interesting and valuable, I think it might have been still more so if all who were present had known exactly what the paper was to contain.

On motion of Dr. Wagner, adjourned.

CARROLL F. SMITH

Secretary of Conference

STATE OF NEW YORK — STATE COMMISSION IN
LUNACY

CHARLES W. PILGRIM, M. D.,

President.

SHELDON T. VIELE,

WILLIAM L. PARKHURST,

Commissioners.

Minutes of conference of State Hospital Superintendents and representatives with the State Commission in Lunacy, held at the Capitol, Albany, January 28, 1907, at 2.30 p. m.

Present — Commissioners Pilgrim, Parkhurst and Viele.

Utica State Hospital, H. L. Palmer, M. D., Medical Superintendent.

Willard State Hospital, R. M. Elliott, M. D., Medical Superintendent.

Hudson River State Hospital, I. G. Harris, M. D., Acting Superintendent.

Middletown State Homeopathic Hospital, M. C. Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., Medical Superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., Medical Superintendent.

Rochester State Hospital, E. H. Howard, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, D. H. Arthur, M. D., Medical Superintendent.

Long Island State Hospital, O. M. Dewing, M. D., Medical Superintendent.

Kings Park State Hospital, Arthur J. Capron, M. D., Second Assistant Physician.

Manhattan State Hospital, William Mabon, M. D., Medical Superintendent.

Central Islip State Hospital, G. A. Smith, M. D., Medical Superintendent.

Dr. Adolf Meyer, Director Pathological Institute.

Dr. William L. Russell, Medical Inspector.

Managers Hon. Fred J. Manro, Hon. Joseph Cameron, Quarterly
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conferences
Mrs. Mary C. Acker, Willard; Hon. Reginald W.
Rives, Hon. George M. Hine, Miss Catherine A.
Newbold, Hudson River; Dr. Eugene H. Porter,
Gowanda; Hon. John T. Darrison, Buffalo.

President Pilgrim, Chairman.

Mr. Chairman — The conference will please come to order. The first thing on the program to-day is a paper by Dr. Hutchings:

Dr. Hutchings — Mr. Chairman, Ladies and Gentlemen: The title of my paper is "The Annual Report; how can it be improved and made more useful." As I will have occasion to refer to the statistical tables by number, I have taken the precaution of bringing some sets of them in case anyone does not recall them by number, so that they can be easily referred to.

THE ANNUAL REPORT

HOW MAY IT BE IMPROVED AND MADE MORE USEFUL

BY DR. R. H. HUTCHINGS

In undertaking to present this subject to the conference, I realize my inability to do more than introduce it to your attention. It presents so many different aspects, when viewed from one or another standpoint, that one could not hope for unanimity of opinion on any suggestion which might be offered regarding its plan and scope. But a free and candid discussion can not fail to be productive of great good. I think you will all agree with me that the report is not necessary for the successful operation of the hospital. The Commission, to whom it is addressed, is informed of the important happenings of the hospital day by day, and could report to the Legislature all the facts which the public demands from the records of its own office. Were the pamphlet reports which we send out discontinued, there would be but few inquiries. By the profession, they are not taken very seriously; some are skeptical about our results; others merely indifferent, regarding them as we do the reports of the weather bureau, useful, but not interesting. In order to understand more clearly the views of outsiders in reference to this subject, I addressed a number of letters to prominent physicians and others, particularly selecting those who had once been connected with a hospital for

the insane. I asked them to express an opinion regarding the usefulness of the State hospital reports which they receive, and to suggest any subject which might be embodied in such reports which would enhance their value to the profession, and present to the public more useful information in regard to the subject of insanity and the conduct of State hospitals. I will summarize the replies, and afterwards quote some extracts of particular interest.

The general opinion among those who expressed one was that the report, as usually seen, contains no material which would repay perusal by the busy physician; that the subjects discussed are not of interest, except to the immediate friends of the institution. One physician stated that he regarded the statistics, even the recovery rate, as of doubtful accuracy, and said when a recovery rate higher than 15 per cent on the admissions is claimed, the figures are unreliable. Another writes: "These reports reflect the unconscious attitude of the man who writes them, and his work, and reveals the degree of his unselfish interest. Without looking at any of the recent reports, my impression of a few years ago was that the catalogue of wants with which they were burdened suggested a rather deplorable condition. Whether or not this is so now, I am unable to say. The object of the hospital is the care and treatment of patients, and the outsiders, families of patients and taxpayers, would like to know that this purpose is recognized." Another writes: "I have one definite and strong conviction in regard to annual reports of the State hospitals. The community must look to the superintendents of these institutions for authoritative statements from time to time of the probable causes of insanity." "The table 'assigned causes' is extremely misleading. It does not state *by whom* these causes were assigned, and I think that most readers suppose that the table of assigned causes is based on the judgment of the State hospital authorities, not as I understand to be the case, on the opinion of relatives and friends. I think it is increasingly evident that the causes of insanity are not wholly individual; they are, in part at least,—probably in large part social causes, *i. e.*, causes growing out of industrial and social conditions which are beyond the control of the individual. We can not hope for wise legislation looking toward the removal of these causes until we have some authoritative information as to the nature of the causes. This information, in so far as it is to be had at all, should appear in the annual reports of our State hospitals. The

treatment of the subjects of causes, recoveries, probability of re-occurrence, etc., should take the public much more fully into confidence, in my judgment, than has heretofore been the case. The comparative prospects of recovery in the different kinds of insanity should be, so far as known, stated more fully."

Another writer says: "I think the hospital report should be made as interesting as possible to the laity, perhaps the superintendent's report may be more scientific, while the manager's report might cover matters of more general interest. After all, it is the general public we want to interest, and the laity who have friends in the institutions are the most likely to read the reports, although, as I have said, the superintendents' reports may be made scientific, without detriment and perhaps with benefit."

One writer made a specific suggestion in regard to scientific matters in the annual report. "One of the most important questions at the present day is the definite determination of the prognosis in cases of dementia præcox. A careful statement, summarizing the changes, progress and results noted from month to month in the hebephrenic, katatonic and paranoid forms of this affection, giving, of course, the essential details pertaining to each case, would be most valuable. Observations such as these, extending over long periods of time, would finally yield practical results." "It would appear to me to be wise to group the cases according to the predominance, first of neuropathic family history, and secondly, of distinct morphological features of arrests or deviations of development. The second factor should give rich opportunities for anthropometric studies. Hospital reports containing such material as this could not fail to be of great value."

I have examined a large number of annual reports of American, Canadian and English institutions. They adhere closely to a set pattern, and discuss only topics which are of interest to laymen, presumably a board of managers. They refer to the enlargements to buildings, repairs and alterations in the wards, the general health of the population, and reference is made to epidemic diseases, employment and amusements of patients. A list of work accomplished during the year, and requirements for the coming year occupy conspicuous positions, and the report usually ends with acknowledgments to individuals for donations of fruit, flowers, etc. There is appended a report from the steward, and occasionally one from the matron. The steward's report enumerates the articles manufactured in the shops and

raised on the farm. He makes no comments upon the work done in his department during the year, which is an important department of the institution, and could be made interesting. In this State, a matron's report is not usually seen, but in many hospitals in other states, a matron's report appears and is usually nothing more than a list of articles made and mended in the sewing-rooms and the number of quarts of preserves and pickles put up during the year. If it is considered desirable to increase the number of officials making reports, the matron could profitably review the work of the training school, which at the present time does not receive the attention which would be desirable. Occasionally we see a report containing in addition to all the above, reports from the head farmer, carpenter, painter, florist, and other heads of departments. The annual report as a whole is not a candid document. The disposition is to put matters in the best light, and the general impression which one gains from reading it is that it is superficial and incomplete.

There is a disposition on the part of the public to be taken more fully into our confidence in respect to all matters bearing upon the subject of insanity, which they can understand and apply practically, and in order to do this, the facts should be stated as accurately as it is possible to do. Statements which in our best judgment are inaccurate or doubtful should be plainly labeled. Accuracy in respect to hospital clinical records we are rapidly learning, and the records are better prepared to-day than ever before. Many of them show with a fair degree of accuracy the chain of circumstances leading up to insanity, but the causes are complex and an attempt to tabulate them according to a printed form is a travesty on science. Accuracy in respect to results of treatment can not be obtained in a twelve-month. It is only after a lapse of several years that an intelligent review of a group of cases can be made with reference to the prospects of recovery. Most important of all, errors arising from readmissions and transfers should be eliminated, that we may no longer be charged with talking of cases when the public understands that we refer to individuals. Each recovery should be classified as first, second, third, etc., and the length of the remission stated. For all data relative to the frequency of the disease, first admissions to any State hospital should alone be included. The Boston Lunatic Hospital and some other New England hospitals distinguish first from subsequent admissions and base some of their statistics upon them.

Another fact which tends to make confusion in our clinical statements and impair their accuracy and value is that mental unsoundness is treated as an entity, and not as a group of diseases quite dissimilar in etiology, course and termination, as we really know it to be. Until this can be changed in some practical way, nothing of value can be drawn from such tables as No. 3, showing the causes of insanity in those admitted during the year. In the first report of the Utica State Hospital in 1843, then the New York State Lunatic Asylum, a table of causes of insanity in cases admitted during the year was printed, very much as we find it in the reports to-day. In the text of the report, Dr. Brigham commented upon the unreliable character of the statements made therein and warned against accepting them too literally. It is evident that the troubles which we encounter with statistics are not new. This table, more than any other, is examined by the average reader and none is so misleading. It is doubtful if this table could be changed for the better. It is doubtful if it is wise to attempt to show the complex causes of insanity in this form. If anything is said at all, the etiological factors should be expressed as fully as we know them, and should be determined, not by relatives, but only after the patient has been presented at the staff meeting and the subject fully discussed.

Table 4 was recently revised and may be considered satisfactory, but I would be in favor of adding to it several additional forms; in fact all which are recognized in State hospitals to-day. Table 5 has been discontinued and very wisely so. Table 6 shows the duration of insanity previous to admission, and period under treatment of patients discharged recovered during the current year, and since October 1, 1888. From this table it can be seen that the majority of patients who recovered were brought to the hospital early, and this fact gave hospital men an opportunity to claim some connection between early commitment and favorable prospects of recovery. A healthy skepticism has arisen of late in reference to this question, and there is a suspicion abroad that some of the early admissions would have recovered just as well at home if they had been detained there a while longer. Table 11 gives the duration of insanity previous to admission and period under treatment of those who died during the year. The objection to this table is that the old and young are not distinguished, and that a dotard who lives but a few weeks changes the general average residence of all the younger cases.

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At the bottom of the table is given a statement of average duration of insane life. One would think that here at least, we would find a statement which would be in general accord throughout the State, but, on the contrary, the average duration of insane life varies greatly in the different hospitals. From recent annual reports I abstracted the following figures, which represent the average length of insane life as reported by the several superintendents:

Utica	6.0
Willard	6.1
Hudson River	10.8
Middletown	4.8
Buffalo	6.6
Binghamton	10.0
St. Lawrence	7.0
Rochester	Not stated
Long Island	5.6
Kings Park	6.8
Manhattan	4.5
Central Islip	7.4

In other words, a patient committed to Manhattan or Middletown, if not discharged, will by the law of averages, live only one-half as long as if committed to Hudson River or Binghamton. I am constrained to believe that such a statement does not represent the whole truth, but the figures so state it, and if the table is worth anything we must accept it as true. Tables 6 and 11, therefore, having been convicted of disseminating not the truth, but error, could with propriety be discontinued, and a like well-deserved fate may be visited upon tables 9, showing the civil condition; and 10, showing the degree of education of those admitted. I have asked a great many people what useful results can be drawn from them, and I have yet to receive a convincing reply. We may pass over tables 12, 13, 14, 15 and 16 as not requiring special notice. If freed from the errors arising from transfers and readmissions, no objections could be brought against them. Table 17 shows the occupation of patients admitted during the year and since October 1, 1888. This is one of the most important tables, and if prepared with proper explanation and comparison with another table showing the number of persons employed in the several occupations in that district, which might

be obtained from the census report, would throw considerable light upon the factors underlying the causation of the disease, and it should be supplemented by a statement of the form of insanity, if any, common to the several occupations. As one of my correspondents stated, "The causes of insanity are not wholly individual; they are in part, at least, probably in large part, social causes. That is, causes originating in the industrial and social conditions which are beyond the control of the individual." This table cannot be made to lend itself to such comparisons. Apparently for the sake of brevity, the occupations have been classified into groups and the identity of each lost. Clergymen are classed with naval officers, artists and surveyors, among whose surroundings and habits there is hardly anything in common. Many of the other groups are better arranged, but none of them compare in exactness with some of the Pennsylvania reports, where such occupations are stated as "wife of a carpenter," "daughter of a farmer," etc.

With the wealth of material at the command of the State Commission in Lunacy, it would be practicable to elucidate more modern problems than those which are covered by the present statistical tables. Thirteen State hospitals with the same standard could, by working together, furnish material for very useful deductions for many of the questions now confronting the profession. I will mention a few of them which have occurred to me, though I have made no effort to make the number large. The presence of leucocytosis in the several forms of insanity could be worked out more fully. No very satisfactory work on this topic has come to my notice. One recent writer claims that by this symptom the depressions can be differentiated. There are several questions bearing upon general paralysis which are still unsettled, and the importance to be attached to an increase in the leucocytes in the cerebro-spinal fluid has not been well worked out. An article published by one of the staff at Kings Park last year is a useful addition to our knowledge of this subject. (Some Notes on the Cerebro-Spinal Fluid. N. A. Pashayan, M. D. *Medical Record*, February 10, 1906.) At our last meeting Dr. Meyer suggested the advisability of conjoint work on general paralysis and alcoholism. We have recently studied the forms of insanity developing in a large city, and by contrast, in a strictly rural community of the same population.

I have two plans to present for your consideration, either of which would, in my opinion, be an improvement, in that it would break away from the present routine and offer an opportunity for development. The first is to develop the managers' report into something more than an indorsement of the superintendent's and have it cover all questions of non-medical interest, as new construction, repairs, the work on the grounds and farms, requirements for the coming year, amusements and acknowledgments. The superintendent's report would be a purely medical document, addressed not to the friends of the patients or to the Legislature, but to the profession. It should include a review of the admissions and discharges, grouping the cases for convenience according to the scheme followed in the clinical work of the hospitals, and reporting important cases in detail. Groups of cases of one or another type of insanity presenting features in common could be reviewed and followed through their hospital residence to death or recovery. The discharges would furnish opportunities for further clinical work, and the autopsies given in connection with the history of the cases. In some states it is customary to give at considerable length the autopsies performed during the year, but as there is no reference to the condition of the patient during life, there is nothing to be gained from its perusal. As representing the very apex of clinical absurdity was a table, which I came across in one report from another state, giving the number of specimens of urine examined during the year, the number containing albumen, the number casts, etc., with no hint as to the number of individuals so tested, or the symptoms presented by them. The superintendent's report could be supplemented by reports from the assistant physicians, giving the results of special inquiries or researches made by them during the year, and would afford a limitless field for all subjects of medical interest which we encounter in our daily staff meetings. This arrangement would also be a stimulus to the assistant physicians to take an interest in the report of their own hospital, and they would feel a pride in preparing something creditable to appear therein.

The other plan was to make the pamphlet report a purely fiscal document intended for the Legislature and the Commission, which would originate in the business office of the hospital and contain no reference to medical subjects, except table 1, showing the number of patients admitted and discharged; and tables 19 and 20, giving the residence of patients by counties.

In the latter case, it is suggested that the Commission issue annually or semi-annually a volume of medical reports which would be representative of the scientific work accomplished in the several institutions, and be intended for very general distribution among medical men. We have already abundant material for such a volume in the papers presented at the four conferences of superintendents with the State Commission in Lunacy and the eight conferences of assistant physicians held each year under the direction of Dr. Meyer. The papers and discussions of the assistant physicians are of great interest and value, but are not now utilized in any way.

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In presenting this paper, I have avoided advocating any definite plan of my own for your endorsement. It was my wish to present the subject in the broadest manner, and to urge only that it be fully discussed. I have not hesitated to criticise what I regarded as undesirable or obsolete, even at the expense of being tiresome. I have long felt that the hospital reports did not represent the careful scientific work that was done in the institutions, and wished, without seeing my way clear, to render my own report less objectionable in this regard. The assignment of this subject to me by the chairman of the committee on topics seemed to me a good opportunity to present the subject to you in such a way that the present report would be endorsed as satisfactory, or changed in whatever way the majority deemed desirable. Do you believe that the present report is about what is called for from the hospitals, and, is, on the whole, as satisfactory as it is practicable to make it, or do you think that by working together something could be devised which would render to the world a better account of our stewardship? As the title of my paper is an interrogation, I will close it with another. What do you think about it?

Mr. Chairman — This paper by Dr. Hutchings seems to me to be one which is worthy of very careful consideration, and I hope it will meet with free discussion by those who are here, and in order to expedite matters, I will ask Dr. Mabon to open the discussion.

Dr. Mabon — Mr. Chairman, Ladies and Gentlemen: I have not had much time to prepare for the discussion of this subject, but when I received the abstract from Dr. Hutchings, I dictated the thoughts which occurred to me in reference to his suggestions.

I will take up first the recommendation of Dr. Hutchings to

make the report a purely fiscal document for the benefit of the Legislature and the Commission and containing no statistical tables excepting 1, 19 and 20. This would lessen its value to the public. All annual reports should contain certain statistical information regarding causation, forms of insanity, nativity, etc., and when I say *causation*, I think we have been in error in the past in giving the usual assigned causes which have been given by the relatives, rather than working it out ourselves and reporting what represents the medical views of the etiology.

The superintendent's report, to my mind, should continue about as the reports have been. A special medical report should be published each year, as is done now at some of the general hospitals, such as Bellevue, Johns Hopkins, Boston City Hospital, etc. This would present in proper form valuable scientific material for study and reference, and would give the profession in general a better idea of the character of the work being done in the State hospitals. These reports should be distributed very widely among the profession in the State.

If this is done, we would have to discuss how that report should be prepared, whether it should be prepared under the direction of an editorial committee or whether each institution should send to the Commission their contributions.

The statistical tables need revision. There is no question about that. The statistics should refer to those who are received upon original orders of commitment, but should not be limited to first admissions only, as suggested by Dr. Hutchings, as a person might be admitted to an institution at one time suffering from manic depressive insanity, might be discharged recovered, and a few years later admitted suffering from general paresis, an entirely different form of insanity and, therefore, worthy of record. Such a readmission should be entered with all the statistical facts in reference thereto, because it is an entirely different mental disease that the patient suffered from before.

The statistics should not include matters of scientific inquiry, like the number of leucocytes in paresis, or the degree of leucocytosis in katatonia and melancholia, as this would naturally be included in the scientific report for the year. It would be well, in incorporating the facts regarding residence, whether country, village or city, to group them into cities of a certain size, towns of a certain size, etc., because social conditions vary a great deal according to the size and character of the community.

Tables 1 and 2 should be continued.

Table 3 should be revised so as to include the causes of par-
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Table 4 should be elaborated, particularly under the heading designated "Other psychoses."

Table 5 is eliminated.

Table 6, while said to have led to error and misconception, appears to me to be a valuable one. This is the table showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year, and since October 1, 1888. It seems to me that this table is of considerable value to the public at large. We have got to view this thing both from the point of view of the public and also the physician.

Tables 7 and 8 should be continued.

Table 9 appears to be of value and should not be discontinued, as we want to know whether more who live alone, as the single, widowed and divorced, become insane than those who are married, because of the point of view of prophylaxis. We might find that those who are without family ties are under less restraint and, therefore, are more given to excesses, to irregular living, hours, etc.

Table 10 should be continued, although this is not so important as the others. It has always seemed to me in looking this over, that we have been led to make the error of putting down so many with an unascertained degree of education. While it is difficult, perhaps, to ascertain the actual degree of education, that heading should be changed, or another one inserted, putting down, "reads and writes, but degree of education unascertained." Out of 1,041 admissions during the year ending September 30, 1905, in whom the degree of education was unascertained, it is probable that 75 per cent actually could read and write, and yet I do not think any of the assistant physicians have taken the trouble to find out for statistical purposes what the degree of education was. Some might have a college education. It seems to me that if we say reads and writes, but degree of education unascertained, it would eliminate most of these unascertained.

Table 11 should be continued. I do not know whether it should be or not, since, according to Dr. Hutchings, our patients do not live so long as they do in Ogdensburg, or Binghamton or Poughkeepsie. We must consider the conditions of life of most

of the patients admitted to Manhattan. It is probable that we have a far greater proportion of cases of privation, excesses, ill-health, and irregularity than in a community like Hudson River, where the country air and farm life all make for the building up rather than the tearing down of a constitution.

Tables 12, 13, 14, 15 and 16 might be discontinued.

Table 17 might be rearranged and made a little clearer and more comprehensive.

Tables 18, 19 and 20 should be continued.

Mr. Chairman — Dr. Meyer, we would be very glad to hear from you.

Dr. Meyer — Mr. Chairman, Ladies and Gentlemen: The question of statistics has been brought home to me lately through some work that I had to undertake for the purpose of a public lecture on the general problem of mental disturbances. I was very much struck by the fact that, on many points, we are absolutely unable to get figures from the present statistics, on account of the fact that we are not dealing with individuals, such as we naturally would be interested in from the point of view of fact, but we are presented here with figures of admissions, important for administrative reasons, but far less essential than the issue of persons.

This coincides with what Dr. Hutchings has already spoken of. It shows that unless we make some provisions with definite purposes in view, our accumulations of figures will serve chiefly an ephemeral purpose, and only in a very imperfect fashion the broader and more lasting ones.

The great question concerning annual reports is, however, this: Does it add anything to the usefulness of the work in the hospital to spend part of the month of October in elaboration of the data which are expected to be brought forth? I think that this work can be turned to some use and it all depends on how it is organized. I even think that it can be made to serve as a stimulus in the direction of the daily work throughout the year, if we use it properly, and if we keep the proper form of statistics in view throughout the year. How that is to be achieved will undoubtedly demand very careful consideration through the committee, which I hope will be created, as a result of this discussion, to investigate the matters as they should.

It seems to me that if we arrange the work of the staff meetings properly, we can arrive at a system of keeping reference cards,

containing all the data valuable for statistics, which, at the end of the year, will represent work done, and will be merely a proposition for a clerk to add up. We shall have to make a certain number of cards to produce statistics which will be of infinitely more value than the ones we have at the present time. In the first place, we must do away with the idea that we want to make statistics of "insanity." We want to make statistics of diseases, so far as we can make them. Unless we make statistics of special entities, we do exactly what Dr. Hutchings criticised when he said some hospitals told how many specimens of urine were examined, how many urines contained albumen, casts, etc., with no information whatever regarding the patients.

If you speak of groups; if you bring home what facts we have concerning general paralysis, concerning the various forms of psychoses, that will help and it will stimulate and lead to work. This can be done very efficiently if we organize the work of the staff meetings and the case reports so that they will yield accurate figures which would mean something, instead of the lump figures which give no accurate result.

With regard to the subdivision of the report, I think it is perfectly feasible to merely improve on what we have now; the report should remain divided into the general managers' report, then the report of essentially administrative issues; then, perhaps, we might find it advisable to outline a certain definite number of topics which the reader would like to know about the various hospitals. These are all questions which a committee might properly discuss.

When we come to the question of the publication of scientific material, I should like to recall a suggestion that I made about a year ago that the staff meetings should be productive of some work fit for publication, that the inter-hospital meetings should be places where the sifted material should come to light, and from that material we should make a selection of things that ought to go into permanent printed form as a record of the activity of the hospital system. I must say that the broad distribution of work along that line would be extremely helpful in bringing about an interest among the practitioners, and if that is kept in view, there will in turn be an increasing interest among the hospitals to produce such topics as will be useful. I think that mutual stimulation can not help but be of assistance in the choice of work among our staffs.

As was mentioned at the last conference, there is undoubtedly far more work being done now than appears on the surface. It is very essential that we should devise ways of systematizing that work, of getting it into such final shape that it could be distributed, and be made a special addition to the general report, either in the form of a quarterly, or if it should be considered wiser to wait until the material accumulates, perhaps one or two numbers during the year; at any rate, one volume should be issued in the course of the year. If that could be done, we would certainly everywhere feel it a stimulus, and the report might help toward that great purpose which we always have to keep in view, the breaking down of the hospital walls — the breaking down of the feeling that insanity is a thing which only the people employed by the State have any interest in — the drawing in of the outside physician, and the spreading of the attention of the physician in the hospital to the conditions outside.

Mr. Chairman — Is there any further discussion?

Dr. Mabon — I would like to ask Dr. Meyer one question. The Doctor spoke about the arrangement of staff meetings. I would like to ask if all the hospitals consider, at the staff meetings, all the admissions and discharges for the year? In some of the institutions, they manage to cover the ground, but I understand some of these do not. If they do not, that would have to receive attention.

Mr. Chairman — This subject seems to me to be one of very great importance for, personally, I am a very firm believer in the value of statistics. I think that statistics carefully prepared are very valuable indeed, and I would be very sorry to have anything done which would in any way lessen the value of the statistical tables. I will, therefore, appoint a committee to revise the statistical tables and to make recommendations in regard to the manner of making the annual reports, and will request such committee to make its final report at the July meeting. I think that between now and July, practically five months, we will have sufficient time to get the matter in shape.

For the present I will appoint Dr. Hutchings, Dr. Mabon, Dr. Meyer and Dr. Russell, with the privilege of naming one or two more later, if thought advisable.

In this connection I would like to say that several of the superintendents have written me from time to time in regard to defects

in the blanks which are now being used in the hospital service. A great many of them are obsolete, a great many more do not seem to fulfill the purpose for which they were made, and it seems to me that this would be a good time to take up this subject also. I do not want to burden any of the superintendents with too much work, and for the purpose of revising the blanks which are now in use I will appoint another committee consisting of Dr. Macy, Dr. Wagner and Dr. Ashley, with Dr. Russell and myself on both committees, representing the Commission *ex-officio*.

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The next thing in order will be reports from committees. I believe the most important is the report of the committee on dietary.

Dr. Elliott — May I ask if the committee on statistical tables will make recommendations as to the nature of the superintendent's report at the same time?

Mr. Chairman — Yes; that is, make recommendations as to whether the medical aspect of the work should be included in the report or in a separate publication.

Dr. Mabon — Mr. President, Ladies and Gentlemen: I will read the report of the committee on dietary:

January 28, 1907

To the Conference:

Gentlemen — The committee on dietary appointed in October and directed to report on ration allowance at the present conference, begs leave to submit a preliminary report only. Two reasons have made this partial report unavoidable; first, the fact that satisfactory estimates for ration allowance seem much modified by ration management, thus giving rise to such variety of opinions concerning desirable allowance as to make it difficult to determine the need of change in certain articles without study of the conditions of their use; and second, since the close relation of these two divisions of the subject submitted to your committee became apparent, there has not been time available to permit of a satisfactory consideration of ration management.

It is known to all the members of the conference that four questions bearing on ration allowance were submitted to superintendents of all the State hospitals early in November, as follows:

1. What has been your experience with the present ration allowance? Has it been sufficient to meet the requirements of your institution, and if not, wherein would you suggest changes?

2. Do you use the entire ration of every article allowed? If not, why not?

3. Can you suggest exchanges of articles, to be made within the cost value of the present ration allowance, which would be of advantage to your dietary?

4. What general suggestions can you make to improve the dietary, without materially increasing the cost of same?

As the replies were received, much difference was noted in the changes deemed desirable or imperative. For example: Two hospitals suggested an increase in the farinaceous ration; two an increase of potatoes; three asked for more meat; three for more eggs; four for more butter; three for more milk; three for more fruit; seven for more sugar and five, each, for more coffee and tea. Various interchanges were suggested; as farinaceous food for potatoes; meat for fruit; coffee for tea; and a desire for more latitude in substituting one individual ration allowance for another was quite generally recommended. Some suggestions were reinforced by explanations, others were not, but more time and further information seemed necessary before our conclusions could be submitted as final and complete.

Your committee definitely recommends, however, an increase in the daily per capita allowance of certain rations as follows:

Sugar, from 2 oz. to $2\frac{1}{8}$ oz.

Coffee, from .465 oz. to .5 oz.

Tea, from .1175 oz. to .125 oz.

Milk, from an extra pint for 10 per cent, to an extra pint for 20 per cent of the population.

In fruit, an increase of 50 per cent over the present allowance.

Syrup to be so increased in amount that it may be kept on the table at meal times, and those patients desiring to use it within reason may be allowed to do so.

In justification for such details of increase as are named above, it may be said, in the case of sugar, *e. g.*, that while the present allowance is adequate at certain seasons, it is inadequate in the fruit season, and permits at no time of an entirely satisfactory use in cooked foods. In the case of fruit, it seems practicable to supply such a quantity in its season as will provide occasionally for all patients and employes, as well as for infirmary and acute cases.

Less definite recommendations in regard to dietary are made as follows:

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First. That in institutions unable to acquire enough raw milk to meet their needs, condensed milk or evaporated cream should be used in tea, coffee, etc.

Second. That in dried fruits, a better grade of prunes, raisins and currants should be purchased.

Third. That a better quality of jelly and jam be provided, or, if a satisfactory quality can not be purchased within a reasonable price, that the amount now allowed for their purchase be expended for fresh or dried fruit.

It is further suggested that there might be established in one of the State institutions, located in the fruit region, a manufacturing department for providing jellies, jams, etc., for sale to the different State hospitals; as Utica now supplies other hospitals with coffee.

One interesting feature of the question of ration allowance has developed in the fact that, while most of the answers to question 2, "Do you use the full ration of every article allowed?" were in the affirmative, the records in the office of the Lunacy Commission, which were used by your committee, showed that in few cases the hospitals estimated for the entire amount of each ration allowed, and still fewer cases have the full ration estimates allowed been purchased. For example: In farinaceous foods, but two hospitals actually purchased the allowed estimates; only three hospitals estimated for the full ration allowance of meat, while but two purchased the amount allowed; one hospital only bought its allowed estimate for eggs, and but two asked for the full ration allowance of butter.

In an effort to discover why any allowance should seem unsatisfactory, although not fully consumed, the matter of local conditions and administration appeared to be so evident a factor, that a continuation of your committee is suggested, with authority to visit the hospitals and to obtain such a comprehensive knowledge of their different policies as shall enable us to recommend any changes practicable which may secure a more elastic dietary within the present money limitations; or without its material increase.

Your committee suggests, finally, that a greater latitude be permitted the purchasing department of each hospital, to the end

that while keeping within the per capita cost, there may be such substitutions of articles expensive at one season and inexpensive at another as will suit their conditions and vary their dietary.

All of which is respectfully submitted.

(Signed)

WILLIAM MABON

MARY C. ACKER

A. W. HURD,

CATHERINE A. NEWBOLD

MAURICE C. ASHLEY

In this connection I beg to state that while we did not put it into the report, we discussed the matter of extra articles which might very well be included in the general supplies of the institutions, and we believe that the Commission should approve estimates for olives and table supplies of that kind, to a limited extent, having them in the general store and not limited entirely to the officers, but also for a few patients in the hospital wards or elsewhere. I would add that I submit this without having conferred with the other members of the committee, and if the views I have expressed do not meet with their approval, I hope they will say so now.

For the information of the Commission and the conference, I have taken up the four articles definitely recommended to find out the increased cost of the proposed changes. I have not done this with the fruits because I had no basis of the cost value of the different fresh fruits. I find that during the year ending September 30, 1906, there were used in all the State hospitals 316,919 pounds of coffee. On the same basis of population, the proposed increase would amount to 23,854 pounds, costing \$2,683.58. Of sugar, 1,395,452 pounds were used; the proposed increase would amount to 87,216 pounds, costing \$4,046.82. An extra pint of milk for 20 per cent instead of 10 per cent of the population would amount to 545,296 quarts, costing \$21,471.03. The extra tea would amount to \$720.45. The total increase amounts to \$28,921.88, about a dollar a year per capita, something the State of New York should not hesitate to appropriate. The cost of extra fruit recommended would increase the total to \$1.25 or \$1.50. In the judgment of your committee, the proposed increase would add very materially to the attractiveness and value of the dietary at a cost so reasonable that I believe it would be good policy for the State to allow it.

Mr. Chairman — Are there any remarks on this report?

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I thank the committee for the great amount of work which the members have done in preparing this report, and while I can not now say what the action of my colleagues will be in regard to it, I hope, and think, that it will be favorably received.

I think when we say that the cost will be \$28,000 a year, we put it in rather an unfavorable light — in too strong a light. As we have about 28,000 insane patients in the State, that is only an increase of about a dollar a patient per year, or about a quarter of a cent a day. When we put it in that light the cost seems very small indeed and I do not believe that any taxpayer in the State would object to that moderate increase.

The next report, I believe, is on the hours of labor.

Dr. Wagner — Mr. President, Ladies and Gentlemen: The preparation of the report on regulation of hours of labor in the State hospital service has proved a very great task indeed, so difficult a task that the committee is obliged to report in a tentative way, rather than submitting a final report. The report is as follows:

REPORT OF COMMITTEE ON REVISION OF REGULATION OF HOURS OF SERVICE IN STATE HOSPITALS

Your committee would respectfully report that it has corresponded with all of the superintendents in the State hospital service, and has given careful consideration to the recommendations made by each. The committee has found much difference of opinion and corresponding difference in practice at the various hospitals, and has found it extremely difficult to formulate a plan that would be satisfactory to all concerned.

The following recommendations are made as a preliminary report, more for the purpose of having the matter discussed at the present meeting, than with a view to their adoption. The proposed schedule is as follows:

Day nurses and attendants engaged in the immediate care of patients shall commence work at 6.00 a. m.—one-half of the employes to go off duty at 6.00 p. m. and one-half off duty at 7.00 p. m.

Night nurses and attendants to commence work at 7.00 p. m. and go off duty at 6.00 a. m.

It is recommended that 12 hours be considered the limit of a day's work, and those who work over 12 hours be paid for the over-time at the rate such service would be worth, computed on the basis of the monthly wages paid.

In place of the present schedule of time allowance, it is recommended that each nurse or attendant shall be allowed three days off duty during every four weeks, to be taken on separate days or together at the option of the employe, but subject to the approval of the superintendent, and two weeks' vacation in each year. It is to be understood that during the month when the annual vacation is taken the three pass days or their equivalent are to be considered a part of the vacation period of two weeks. In view of the provision of the three pass days, no holidays or Sundays are to be allowed except when the time chosen for the pass days includes such holidays or Sundays. It is to be observed that day nurses and night nurses are to be treated alike in the matter of time allowance, and it is recommended that where difficulty exists in filling the night service that day nurses be designated to serve one month at a time on night duty.

Employes in the mechanical departments, including the engineers, the carpenters, mason, shop foreman, special attendants detailed for shop work, the storekeeper, employes in the sewing-room, in the laundry, and laboring men about the grounds and gardens, shall work from 7.00 a. m. to 12 noon, and from 1.00 p. m. to 5.00 p. m. Of these persons, for all who are not employed evenings and Sundays, one week vacation is to be allowed and the legal holidays recognized at the hospital.

Farm employes shall work from 5.30 a. m. to 12 noon, and from 1.30 to 5.30 p. m., except when the necessities of farm work may require longer hours. These employes to receive one week annual vacation and extra compensation or extra time allowance for hours of labor beyond the limit here specified.

The chief engineer, whose services are practically continuous throughout the year, should be allowed two weeks' vacation and such parts of Sundays and holidays as may be practicable, keeping in view the needs of the hospital.

It is recommended that firemen shall work in either eight or 12-hour shifts—the former to receive \$37.50 per month and the latter \$50 per month. Time allowance to be three days out of each four weeks and seven days' vacation.

Drivers on the farm or in other departments, if they work all the days of the week, including Sunday, to be allowed three pass days each month and two weeks' annual vacation; but if they do not work Sundays they are to be allowed one week vacation.

Waitresses, chambermaids, cooks, kitchen helpers to serve such hours as may be necessary for the proper performance of their duties, and to have time allowance the same as nurses and attendants.

Note.—The term holiday is intended to cover the eight holidays, viz., Decoration day, Fourth of July, Labor day, Thanksgiving, Christmas, New Year, Lincoln's birthday and Washington's birthday. An allowance of time is always to be made with due regard for the care of the patients and property of the hospital. When necessary, holidays are to be divided so that the proper number of employes may at all times be available for the care of the institution.

It is recommended further that when desired by employes they may allow the pass days to accumulate to the extent of four, but no accumulation beyond this number of days is to be permitted.

CHARLES G. WAGNER

Chairman

As I stated, we hardly desire this to go in as a final report. It is tentative. It is not satisfactory to the committee, and we shall be very glad to have any discussion that will aid in making a better arrangement.

Mr. Chairman — Is there any discussion of Dr. Wagner's report?

Dr. Mabon — I move its adoption.

Mr. Chairman — As I understand it, the committee does not desire that it be adopted; that this is simply a tentative report. Probably it would be well to continue the committee with a request for a further report later on.

This is a matter that I am quite sure is going to come before us in a definite form sometime during the winter. I scarcely know whether it would be advisable for us to go on record in regard to it or not. It is a question which is being agitated in several states, particularly in Illinois, Massachusetts and Michigan. In these three states they have either an eight, a 10, or a 12-

hour shift, and I am quite sure that shorter hours are coming in this State. Probably it would be well for us to anticipate any request or demand that may come to us from the Legislature. We ought at least to be in a position to meet any argument which may arise and I think, therefore, it would be well to continue this committee.

Dr. Wagner — I think the President is quite right in regard to that and the committee, if continued, would be glad to correspond further with the superintendents, submitting this report to them in writing, and asking how near to this schedule they could come, and perhaps, with further correspondence, we might be able to make a report which would meet objections and be a common ground of agreement.

Dr. Harris — I move that a copy of this report be sent to each hospital superintendent, so that the matter may be taken up by correspondence.

Mr. Chairman — The committee will be continued.

I forgot to say that the committee on dietary would be continued in accordance with the suggestion made by the chairman.

This matter of a 10-hour shift is receiving considerable attention throughout the country and Dr. Russell has been in Massachusetts, where they are having the same trouble we are likely to have. If he will be good enough I think it would be interesting to have him tell us what he learned during his recent visit.

Dr. Russell — Mr. President, Ladies and Gentlemen: It will take a very few words to tell what I learned in Massachusetts in regard to the experience in this matter, but I think perhaps it may be helpful to us to know something about it, because we are apparently facing just the same conditions they did. It appears that the employes of the Massachusetts institutions appealed to the Legislature for shortening of the hours, and that the lunacy authorities went to the Legislature and said that if no measure were passed the question would be taken up by the hospital authorities and an attempt made to adjust matters to satisfy the employes. During the past year a 10-hour schedule for attendants was adopted, and it has been worked out in a different way in the different institutions so as to adapt it to special conditions. They told me that within a year they expected to be on an eight-hour schedule.

In adopting the 10-hour schedule they were obliged to add one-third more attendants, and to adopt an eight-hour schedule they expect to have to add 15 to 20 per cent more at the institution I visited. That may not be so at all the institutions. They seemed to think the eight-hour schedule inevitable and that it was very much better for them to anticipate, and having got the consent of the Legislature, to proceed to adapt it to the actual needs of the institutions.

While in Massachusetts I learned also a little of what was being done in Michigan. They have adopted an eight-hour schedule there. It was stated that at one of the Michigan institutions only four employes had to be added, but I learned that they had previously been on a 10-hour schedule. I learned also that at this institution they had adopted a method that did not seem to me to be desirable. On wards on which they had formerly had two attendants they had given up one, on the ground that previously the absence of one of the two had frequently obliged them to manage temporarily with one, and they thought it might do all the time.

In Massachusetts, on the 10-hour schedule, they managed it on a basis of 70 hours a week, and divided the time up to suit the requirements of the institution. They allowed one pass day in the week and the 70 hours were thus divided into six days. It is said to be working satisfactorily. All the other employes in the institution, except the attendants, were already on the eight-hour schedule.

Dr. Wagner — In the eight-hour schedule, were they given time allowance?

Dr. Russell — No. There is, I understand, no pass time allowed in Michigan with the eight-hour schedule. In Massachusetts two weeks' vacation are allowed with the 10-hour schedule, and also irregular time off during the day, especially on Sundays — an hour or two hours — so as to bring the period of work down to the average necessary each day to cover the 70 hours a week.

Dr. Elliott — Did I understand you to say that the force was increased by one-third in some of the institutions? How did they provide accommodations for that increase?

Dr. Russell — My information applies only to one institution. The conditions are different in the different institutions. At this institution they are fortunate in having recently built a new nurses' home.

Mr. Chairman — I think it would be a very desirable thing for the committee to correspond with the authorities of the different states where this plan has been put into effect, or partial effect. We might in this way get some very valuable points in regard to hours satisfactory to all.

Dr. Capron — I heard the other day that the Montreal General Hospital had adopted an eight-hour system for experimental purposes. They carried it on for a month or more, and at the unanimous request from all the employes and nurses, they re-adopted the 12-hour system, after they had tried the other experimentally for some little time.

Mr. Chairman — For Mr. Parkhurst's benefit, I will say that the committee on dietary made a report recommending an increase in certain articles of diet which would entail an expenditure of about one dollar per capita per year, and I think the best way for the committee to put that matter now is to get a vote of the conference as to whether it should be recommended to the Commission for adoption or not. In that way it will be brought to us for action in executive session.

Dr. Elliott — I move that the report of the committee on dietary be adopted by the conference.

Which motion unanimously prevailed.

Mr. Parkhurst — Have the superintendents read this report and considered it carefully?

Mr. Chairman — Yes; it has been read and considered.

Dr. Mabon — I do not think a dollar a year would cover the matter with fruit. I think the fruit would bring it up to \$1.25 or \$1.50 a year per patient.

Mr. Viele — Doctor, is there any suggestion about substitution?

Dr. Mabon — No definite suggestions about substitutions. There is a suggestion of substituting inexpensive articles for expensive, and of condensed milk or cream being used where it is not possible to obtain the whole allowance of cows' milk, the matter being left to the judgment of the business department.

Mr. Chairman — Are there any members here of the committee on Rules and Regulations? Were you not on the committee, Dr. Palmer?

Dr. Palmer — I was not on that committee. I simply was to have the report of the committee printed. Quarterly
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Mr. Manro — As I remember it, it was Dr. Palmer and Mr. Adams who were to submit the report.

Mr. Chairman — The report has been submitted, but since then there have been some changes. The treasurer's work has been taken away, so that the rules applicable to that part of the hospital work are not necessary and no longer apply, and it seems to me that possibly it would be a good thing to refer that report back to the committee and have it amended so as to meet the present conditions.

Dr. Palmer — I would explain, Mr. President, that within the last few days proof of the changes in the rules has been submitted, and I think that proof is now in the Commission's office. I noted at the time the proof was prepared that there was considerable matter left in the rules that would need the change you speak of.

Mr. Chairman — Does it not seem best to refer it back to the committee, and let that committee present it to us in a final form? Will somebody make the motion?

Dr. Howard — I make the motion to refer it back to the committee for revision.

Which motion unanimously prevailed.

Mr. Manro — I would like to ask if it will be necessary to have a meeting of the committee — if it can be done without a meeting of the committee?

Mr. Chairman — I think that might be left to the committee. If the members are willing to delegate it to the chairman, it could be done by him.

I believe we have another report from the committee on training schools. The committee was appointed to confer with the Board of Regents in regard to the registration of our State hospital graduates.

Dr. Mabon — Mr. Chairman, the committee has met with the Deputy commissioner of education, Dr. Rogers, two or three times I believe, and would report progress. The Department of education now has an inspector of training schools, who has visited 11 of the 13 institutions of the State. She says in accordance with the schedule of work prepared and adopted by

this conference, we can now keep up the work as outlined and required by the general hospitals of the State; that a number of them are doing higher work; some are about even and others are deficient. As a result of that, it seems to me that this inspector will undoubtedly make some recommendation leading to the uplifting of those two or three State hospitals whose work in the training school has not been up to the standard. In other words, she reports that while the work as a rule is very satisfactory, there are two or three institutions where they do not have the interest in the school they should have and the standard of the work has not been maintained.

We are to have a further meeting with the Department of education and upon the result of that meeting will depend whether we will have to get special legislation or not, and the committee would, therefore, ask for power to undertake special legislation, if that should be found necessary, and would ask to be continued.

Dr. Arthur — I move that the committee be continued and that power to undertake special legislation if necessary, be granted them.

Which motion unanimously prevailed.

Mr. Chairman — Is there any further business before the conference? Dr. Hurd, I believe, is the chairman on topics. Have you any program for the next meeting?

Dr. Hurd — Owing to the detention of the trains, the committee was unable to have a meeting before this conference, consequently we have not the program formulated as yet, but it will be announced later.

Note — Before the proceedings went to the printer, the committee announced the following program for the next meeting:

“Open Air Treatment for the Insane.” By Dr. William Mabon, New York city.

“Question of Proper Provision for the Insane, pending their Commitment to State Hospitals.” By Dr. H. L. Palmer, Utica, N. Y.

Mr. Chairman — If there is no further business before the conference, a motion to adjourn is in order.

On motion of Dr. Wagner, adjourned.

LEWIS M. FARRINGTON

Secretary of Conference

STATE OF NEW YORK — STATE COMMISSION IN LUNACY

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CHARLES W. PILGRIM, M. D.,
President,

SHELDON T. VIELE,
WILLIAM L. PARKHURST,
Commissioners.

Minutes of conference of State Hospital Superintendents and representatives with the State Commission in Lunacy, held at the Capitol, Albany, April 30, 1907, 10.30 a. m.

Present — Commissioners Pilgrim, Viele and Parkhurst.

Utica State Hospital, H. L. Palmer, M. D., Medical Superintendent.

Willard State Hospital, R. M. Elliott, M. D., Medical Superintendent.

Hudson River State Hospital, I. G. Harris, M. D., Acting Superintendent.

Middletown State Homeopathic Hospital, M. C. Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., Medical Superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., Medical Superintendent.

Rochester State Hospital, E. B. Potter, M. D., Acting Superintendent.

Gowanda State Homeopathic Hospital, C. A. Potter, M. D., First Assistant Physician.

Long Island State Hospital, O. M. Dewing, M. D., Medical Superintendent.

Kings Park State Hospital, W. A. Macy, M. D., Medical Superintendent.

Manhattan State Hospital, William Mabon, M. D., Superintendent and Medical Director.

Charles H. North, M. D., Medical Superintendent
Dannemora State Hospital.

Dr. Adolf Meyer, Director Pathological Institute.

Dr. William L. Russell, Medical Inspector.

Managers, Fred J. Manro, Willard; John J. Robinson, M. D., St. Lawrence.

President Pilgrim, Chairman.

Mr. Chairman — The meeting will please come to order. The first thing on the program will be the paper by Dr. Mabon on the "Open-Air Treatment in Psychiatry."

OPEN-AIR TREATMENT IN PSYCHIATRY

BY WILLIAM MABON, M. D., NEW YORK

Superintendent and Medical Director, Manhattan State Hospital,
Ward's Island

Somewhat over five years ago, in June, 1901, the late Dr. A. E. Macdonald introduced tent life for the care and treatment of the tuberculous insane at Ward's Island. The serious problems of caring for that class of patients had, prior to that time, embarrassed this particular hospital, as well as others. That tuberculous insane patients may be kept and treated to their advantage, and incidentally to the advantage of their fellow inmates, in canvas tents, and throughout the several seasons of the year, has been most successfully demonstrated. Following this experiment, it was found that the outdoor tent life had also a remarkably good effect on the feeble and untidy patients, and then the convalescent class, those who are about to step back into their accustomed places in the outside world, were placed under the same conditions and advantages of outdoor life with most beneficial results.

Three years ago, the late Dr. Emmet C. Dent, superintendent of the Manhattan State Hospital, West, inaugurated the open air treatment for the acute insane. Fully equipped camps were established for those suffering from acute deliria, anæmia, insomnia, and the various physical ailments coincident with the acute psychoses. The tents and pavilions in use were designated by letters, and known as Camp A, B, C, etc. He began with tents, built on wooden platforms, for the accommodation of 25 patients. In winter these tents were heated with iron stoves. They were supplied with closets and running water, but were lacking in some of the advantages and accessories which are now in use in the newly constructed wooden pavilions. While embracing many desirable features, these tents were found to be inferior to the structures now in use, for the reason that they could not be kept open in bad weather, and during wet nights they were oftentimes close and humid, proper ventilation at the cone of the tent being impossible.

The camps now used for the acute insane are situated on high, dry ground, which slopes gently toward the waters of Hell Gate, giving a southern exposure and an ocean breeze. The rush of waters through Hell Gate and the passing of vessels of navigation through the channel make a scene varied and picturesque, relieving the ennui of many otherwise tedious and wearisome days.

These camps are several hundred feet from the permanent reception building, and in no wise interfere with its light and ventilation. We find that the most satisfactory structure is of wood and glass, in size 20 by 70 feet, accommodating 25 patients, the per capita cost of which is about \$120, including the lighting, heating and plumbing. It is built upon cedar posts driven into the ground, leaving the earth undisturbed underneath. The sides, ends and gables are practically open. The sides are also movable, so that in the warmest weather, if desired, there need be absolutely nothing partaking of the nature of an enclosure. During the winter, the windows occupying at least one-half the entire side and end are left open, thus enabling us to keep the temperature down to from 45 to 60 degrees F. The roofs are shingled or covered with paroid material, and in hot weather are additionally protected by a canvas hood. Thus sheltered from the extreme summer sun, their temperature is comparatively low. Structures of this character are lighted by electricity, equipped with steam-heating apparatus, with steam tables for warming food, with water-closets and baths, and, in fact, with everything in the way of proper sanitation. The more robust patients take their meals in the adjacent congregate dining-room, while the food is brought to those who are weak and feeble.

Weather permitting, those who are able are outside the building entirely, either in the shade of the trees, or under small canopies, the camp buildings being merely used as accessories to the open air for sleeping and bathing purposes, and as a protection from storms. We are now building, as an adjunct to these camps, an open-air sitting-room which will not be heated, but in which the patients can be protected during the inclement weather of all seasons by enclosing the sides with glass. Our present equipment in the women's division of the hospital consists of two wooden pavilions, each accommodating 25 patients, and two large tents of like capacity, which are now being replaced by new structures of the pavilion type before described. This gives a total accommodation of 100 beds for women. The average period of

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residence in camp life for each acute case is about three months, so that in a year the present capacity accommodates nearly 400 patients, or about 50 per cent of the entire number of admissions for women.

One of the camps is used exclusively for bed cases, and as these improve physically they are sent to one of the other camps, or to the convalescent or industrial departments, and newly admitted cases are transferred to fill the vacancies. Almost the entire admissions of the acute insanities can be given the advantages of the open-air treatment by this plan, with a comparatively small equipment.

In selecting patients for the camp, no discrimination is made because of violent or suicidal tendencies. Indeed, more of these cases have been treated in the open camps than on the wards of the permanent reception building, and only one casualty has occurred, although their proximity to the water would appear to be dangerous. The proportion of nurses is practically the same as that on wards where similar cases are cared for.

Drawing, as we do, from the poorer classes of people in the crowded districts of Manhattan Island, stress and strain with physical disability must of necessity enter very largely into the etiology of a large percentage of our acute and recoverable cases. In the 150 cases treated in two of our camps, examination upon entrance showed the hæmoglobin in over 100 cases to be as low as 55 per cent; the highest was 95 per cent, and the average was 70 per cent. In addition to the hæmoglobin reduction, the other evidences of marked physical breakdown were constant reduction in weight, and evidence of decided disturbance of the gastrointestinal tract. Sleep was insufficient, and delirious states very frequent. The indications for treatment in these cases are usually clear, and the camp life meets the situation better than anything yet tried.

A few abstracts of cases will serve to illustrate the results of this method of treatment:

Case 1 — R. V. Admitted February 8, 1906; a picture of mental stupor, with marked muscular rigidity and general debility. On admission to the camp the red blood cells were 4,000,000, leucocytes 10,000, and the hæmoglobin 70 per cent. The patient's nutrition was much affected, her weight being but 70 pounds. She was completely disoriented, and for several days showed slight elevation of temperature up to 101 degrees F. Tube-feeding was

necessary for two weeks. After a camp residence of three months, she showed a gain in weight of 20 pounds, the red blood cells were then 4,500,000, the leucocytes 8,000, and the hæmoglobin 85 per cent. She brightened up mentally and took much interest in the camp and its freedom, and seven months after admissions was discharged as recovered.

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The second case illustrates the beneficial results of treatment among the exhaustive type occurring during the puerperium:

Case 2 — G. F. The patient, while pregnant, five months before admission, was subjected to great hardship, and became restless and nervous. Delivery occurred shortly before her commitment, and it is said the labor was normal. She entered the hospital in a state of delirium, with the delusion that her child was dead, refused food, had a temperature of 99 to 100 degrees, with sordes on the teeth, a foul-coated tongue, and distended abdomen. A blood examination showed 3,800,000 red cells, 12,000 leucocytes, and 63 per cent hæmoglobin. She was treated in the continuous bath for one week, where her general condition improved. She was then removed to the camp. Her weight on admission was 100 pounds, and it is said that she never weighed more than 130 pounds. Owing to her constant restlessness, her refusal of food, necessitating tube-feeding, and her loss of sleep, there was no gain in weight during the first week, but at the end of the first month of her stay in the camp she gained 10 pounds in weight, the red blood cells rose quickly to over 4,000,000 and the hæmoglobin to 80 per cent. The only medical treatment was an occasional laxative and a simple tonic t. i. d. The delirium rapidly subsided, the delusions disappeared, and three months after admission she was discharged perfectly recovered, having gained 25 pounds.

The third case is one typical of manic excitement with exhaustion and delirium:

Case 3 — I. V. Weighed on admission, 73 pounds; red blood cells, 4,200,000; leucocytes, 10,000; hæmoglobin, 65 per cent. She had marked evidence of gastro-intestinal disturbance, and the case mentally was one of pronounced delirium with marked hallucinations. This woman also was unable to obtain much sleep. Under camp treatment, the condition of delirium and excitement rapidly subsided, and she soon began to sleep and partake of food. Complete recovery took place in three months, with a gain in weight of 17 pounds.

The fourth case was a delirium complex, with a history of two years' impaired general health:

Case 4 — This young woman, A. B., was 25 years of age, and a working girl on the east side of town. On admission, she maintained fixed positions, was completely disoriented, refused food and apparently reacted to hallucinations. Her weight was 98 pounds, and the most she ever weighed was said be 125 pounds. The red blood cells were 3,700,000 and the hæmoglobin 65 per cent. This patient also had gastro-intestinal disturbance. After a preliminary treatment in the continuous bath for one week, during which the condition of her intestines and mucous membranes greatly improved, she was transferred to the camp. The state of delirium and stupor subsided, and her weight greatly increased. In eight months she was discharged recovered, weighing 120 pounds.

Many other individual cases might be cited illustrating the rapid physical and mental improvement which takes place. Gain in weight is most pronounced; the average change is a gain during the first month of six pounds; the extremes being a gain of 18 pounds, with an occasional loss of one or two pounds in cases requiring more than ordinary care and attention, and in whom forced feeding was resorted to, but it was found that during the second and third months, these cases showing the loss at first, afterwards showed a marked gain.

The proportion of the various forms of insanities under treatment in the two camps connected with the reception service were: Manic-depressive or exhaustive types, 40 per cent; dementia præcox, where the general health demanded immediate attention, 30 per cent, and the alcoholic, hysterical, depressive, and anxiety types, 30 per cent. Many cases where delirium is present, as in manic-depressive insanity, and in the infective, exhaustive psychoses, are given preliminary treatment in the continuous bath, after which they are transferred to the camps. The general routine treatment is the same as that given to indoor cases, but with what we consider better results.

Among our admissions there is a comparatively large number of the exhaustive type occurring during the puerperium. These patients enter the hospital in a wild state of delirium, with frenzied anxiety and depressive delusions. They are extremely restless and their temperature ranges from 99 to 101 degrees. They are emaciated, with sallow skin and blanched mucous membranes,

with flabby muscles, and the usual evidence of disturbed metabolism. The majority of these patients do extremely well under the method outlined, and the second case is a fair illustration of the value of this treatment. Quarterly
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A careful analysis of the types of insanity which show most marked improvement under camp treatment indicates that the infective and exhaustive groups, the manic-depressive cases, and the undifferentiated depressions are the most hopeful. We also find that cases of marked deterioration following overstrain are oftentimes much improved by camp life. It is a striking, as well as an encouraging, experience to see a complete mental restoration follow the re-establishment of normal physical health. The percentage of recoveries in cases cared for in the open air is high, and we find that out of 150 patients treated in Camps C and D during one year, 61 have been discharged as recovered. This is a recovery rate of 40 per cent. The mortality has been and is extremely low, two deaths only having occurred in the camps, one of which was a case of alcoholic neuritis with gastrointestinal complications, and the other a case of exhaustion and delirium in manic-depressive insanity. Two manic-depressive patients, suffering from advanced pulmonary tuberculosis, died soon after their transfer to the pavilion for the tuberculous insane.

After the patients have been under treatment sufficiently long to improve the general health, we notice that in recoverable cases the insanity is either well on toward recovery or we are in a position to accurately make a prognosis. In the group of cases where exhaustion is the main etiological factor, there is no more important restorative than the re-establishment of the proper amount of sleep. Among our patients there are many who obtain only two or three hours sleep out of the 24, and in some instances may go four or five days with entire loss of sleep. Under treatment in the camp, the constant exposure to fresh air and sunlight very frequently brings about a more normal condition, and oftentimes the patients reach, in the course of a month, an average of six to eight hours sleep out of the 24. It is to be emphasized in these cases that no drugs are used to relieve the insomnia. The warm pack and the continuous bath, in connection with the open-air treatment, are far more efficacious, trustworthy and desirable. In certain individuals, tube feeding has to be resorted to, but usually for only short periods imme-

diately following admission. The delirious cases and the catatonic group of dementia præcox, perhaps, require more tube feeding than the other types.

Those patients whose gain in weight was not coincident with mental improvement show that we can not always expect mental and physical disease to react in constant ratio. Several cases of the paranoiac type of dementia præcox show a remarkable increase in weight, with very little if any mental improvement. We can, say, however, that, although in this type of cases, we can not expect a recovery coincident with the physical restoration, we do find that the mental symptoms are modified, and the patients made more comfortable, many of them becoming useful members of our household and able to assist in the work of the wards, laundry, and sewing-room.

Aside from hygienic advantages derived from these camps, the moral effect upon the insane has considerable influence toward their recovery. The freedom from the restraint of bars and locked doors is appreciated to such an extent that vacancies in the camp bring a premium among the more intelligent class of patients, and is it to be wondered at when "scarcely more than a score of years ago, our asylums were still prison-like structures, gloomy without and gloomy within. With few exceptions, the wards were guiltless of ornamentation, and the barred windows, the locked door, the crib bed, the massive furniture fastened to the floor and the dozen or more inhuman devices for mechanical restraint made up a picture well calculated to strike terror into the heart of the newcomer and to fill with despair the unhappy victim of prolonged incarceration."

Dr. A. E. Macdonald, in discussing camp life for the insane, in the 9th annual report of the Manhattan State Hospital, East, says:

"The mental improvement, even in cases where recovery was not to be looked for, has been a gratifying feature of the camp experiment, and depending largely, as it has, upon the patient's satisfaction with his new surroundings, has served to dispel one of the doubts with which the experiment was undertaken. It was apprehended, not only that the patients themselves might resent their transfer, but that similar objection might come from their relatives and friends, since innovations, even progressive ones, are apt to be frowned upon by those who constitute the majority in the clientele of a public hospital in a cosmopolitan city. Even

at the outset, however, the protests, whether from patients or their friends, were surprisingly few, and latterly they have been more apt to arise, if at all, over the patient's return to the buildings, when that became necessary."

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Dr. E. C. Dent, in the 16th annual report of the State Commission in Lunacy, in speaking of the camp for the acute insane, said:

"The arrangement of the camps makes a most desirable classification possible. The noisy and disturbed, the quiet and depressed, as well as those commencing to show evidences of convalescence, can be cared for in such a tent or pavilion, apart from each other, and permits us to utilize our nursing force to better advantage."

"The absence of any evidence of restraint, the unlimited supply of pure air, certainly places the patient under the most favorable surroundings, and I do not hesitate in saying that convalescence is established from four to six weeks earlier than in similar cases cared for in the acute wards."

In conclusion, it has not been my wish to present this subject with undue enthusiasm, but, inasmuch as normal individuals are benefited by camping out, it is not surprising that its benefits are found to be far greater for those who are sick in body and mind. The experience of the Manhattan State Hospital for the past five years shows conclusively that the open-air treatment is particularly beneficial for the following classes of the insane:

1. The tuberculous.
2. The feeble and untidy.
3. The retarded convalescents.
4. The acute insane, in whom the psychosis is associated with anæmic blood states, delirium, and loss of sleep.

Mr. Chairman — This very interesting paper is now open for discussion. As Dr. Smith, who was designated to open the discussion, is not here, it will be informal. If any member has anything to say, we shall be very glad to hear from him.

Dr. Russell — Mr. Chairman and Gentlemen — About two years ago while taking a course at the Pathological Institute, one of the cases assigned to me to study was a case of acute excitement, which I became very familiar with and followed for a number of weeks. The patient was at first treated in the continuous bath, and afterward in the pavilion that Dr.

Mabon referred to. For some reason her friends became discontented, or their resources were increased, and they transferred her to a private institution where I understood they paid \$40 a week for her care. Soon afterwards, in my capacity of medical inspector, I had occasion to visit the institution and found there this patient, whom I had last seen in a nice, clean bed, in the open-air pavilion on Ward's Island, looking out on the panorama described by Dr. Mabon, with nurses about her, in a bad-smelling room about eight by ten, containing a bedstead on which there was no bedding, it being temporarily removed during the day, a bureau with no mirror in it, and a chair. The window was guarded by a shutter which excluded most of the light. The patient was clad in a strong dress, and by the odor of the room I judged was accustomed to soil herself. The contrast impressed very deeply upon me the superiority of the treatment at Ward's Island. Now this patient recovered and probably her friends assumed that her removal to the private institution had much to do with the result. The results of treatment are, therefore, not always convincing. We might say that this patient would have recovered anyway, whether the fresh-air treatment was applied or anything else. There may be some ground for this view, but the experience in this case demonstrated the practicability of treating excited patients in a manner that contrasts with much of the treatment that is to-day in vogue. Certainly the private institution referred to would not be regarded as one of the poorest in the State, and the treatment in the public institution presented elements of authority which had only to be seen to be recognized.

It has always seemed to me that, without, as Dr. Mabon says, becoming too enthusiastic about any one measure of treatment, if it is in the right direction, if it is in the direction of putting the patient in more hygienic and pleasant surroundings, giving them better nursing, closer personal care, etc., it should be generally adopted.

Mr. Chairman — I would like to ask Dr. Mabon if special care is taken in selecting patients; that is, if they were patients that were considered as recoverable?

Dr. Mabon — Yes, they were, Dr. Pilgrim. We simply believe that we gain two or three weeks in recoverable cases by treating them in these pavilions.

Dr. Potter of Rochester — We do not pretend to come anywhere near the work Dr. Mabon is doing, but we have got on our new group broad balconies we use in this way. They are on the second story and we have used them for dormitory purposes. They are enclosed in a rather loose, large-meshed, fine-wire grating, which is inconspicuous, and would just about protect anyone from an impulse, and we have found it very beneficial to our acute cases and the tubercular class also. It has not only allowed the patients to get the benefit of the open air, but it has cleared up the wards and benefited the patients in that way.

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In connection with what Dr. Russell says, a couple of weeks ago a leading clergyman of the city came to the hospital very much wrought up. He represented some ladies in the city belonging to a very strong organization. He accused a young business man who was attempting to establish a business, of putting his wife in our institution, rather than in a private institution, and it had gone so far that they were threatening to boycott this man if he did not take his wife out and put her in a private institution.

I took the clergyman through our new group, showing him the operating rooms, hydrotherapy, and small wards, and finally out on the balcony where this patient was and showed him the conditions under which she was being treated. I said, "I don't want to hurt any man's private institution, but I am confident that no private institution could give her care of the character she is receiving here. They can not do it for \$50 a week, and you know this man can not pay that amount." He said, "Doctor, I am amazed. I had no idea of the character of the treatment you were giving here. I will go back and explain the facts to those ladies. That places the matter in an entirely different light." And probably what most impressed him and influenced him was the fact that he found this woman on that broad balcony in the open air.

Dr. Hurd — Dr. Mabon, have you had any experience with it in any specially selected cases of long standing, chronic, destructive insanity, such as exist in every institution?

Dr. Mabon — I have not had the experience, but Dr. Macdonald did, and I think he got fairly good results in some of these cases.

Dr. Hurd — I think the best we can do for some of these is occupation and employment. I did not know but that you had had some experience with specially selected cases of this kind.

Dr. Macy — I would like to ask the Doctor whether hydrotherapy played a large part in this treatment?

Dr. Mabon — It played an important part in certain cases before they were transferred to the camps.

Dr. Macy — I mean in those chronic cases.

Dr. Mabon — I don't know.

Dr. Elliott — One point that occurs to me is that the climate varies considerably in the different parts of the State. Take, for instance, at St. Lawrence State Hospital, the winters there are very different from what they are at Ward's Island and Long Island. I think perhaps Ward's Island and Long Island are best adapted to camp life of any section in the State. The winters at Willard certainly would not be so well adapted to camp life, but it would be ideal in the summer time.

Dr. Mabon — I would say in regard to that, Dr. Elliott, that when I was at St. Lawrence, we undertook for about two years to give the open-air treatment for a few isolated cases who were in a very much lowered physical condition. We put these patients in steamer chairs on one of the open verandas. The chairs were covered with mattresses, blankets were plentifully supplied, and the improvement was very marked. They did not sleep there, but they spent the day on the verandas. The next year Dr. Hutchings went to Saranac Lake to confer with Dr. Trudeau regarding the effects of cold air and obtained many valuable suggestions.

I think even in a cold climate you can modify conditions so as to make this treatment available. A great deal depends upon seeing that the patients are plentifully supplied with warm under and outer clothing and are well wrapped up.

Dr. Hutchings — I can bear Dr. Mabon out in what he says in reference to that climate. Our experience with our tuberculosis pavilion last winter and the winter before shows us that practically out-of-door life can be maintained without very much trouble.

You are all familiar with the plans of the tuberculosis pavilions. You know that they contain a large number of windows

and transoms which can be opened, and as a matter of fact, we have kept them open on the side away from the wind all winter. At no time have the wards not had several outside windows open. The nurses are instructed to close those on the side where the wind comes in and open the others, and in that way the air is always fresh and cold. We make no endeavor to keep the temperature above 60, and think 55 is a very fair temperature, and it sometimes goes down below 50, but what might seem an uncomfortable temperature to one who has not been inured to it, is borne without complaint. The nurses tell me they wear warmer underwear and they become accustomed to the low temperature and it is not uncomfortable.

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Dr. Mabon did not mention why we started this treatment. It originated, I think, in 1898. We noticed that there was a great difference in the number of patients who recovered in the winter and in the summer; that in the cold months of the year the recoveries dropped off, but beginning with May and June a great many patients that were apparently recoverable, but had not recovered, improved rapidly and went home. After talking it over, we attributed it to the fact that as soon as the warm weather came, we gave our patients practically an open-air life. We thought that their recovery was retarded by reason of the close confinement and bad air, and while this treatment was only carried out on a small scale in specially selected cases, it did really give very satisfactory results. We have continued it up to the present, although after the opening of Inwood there has been rather less of it.

Mr. Parkhurst — Why did you not attribute that recovery to the warm air of spring instead of the cold air they had in winter? They did not recover in the cold climate, but they did in the warm. The air in the wards they remained in was warm enough — too warm if anything.

Dr. Hutchings — We attributed it to the fresh air, rather than to any particular temperature of air, but in fact, after trying the cold air, we were inclined to think it had some tonic properties, increasing the appetite and sleep, and I was told that at Raybrook they regard cold air as a tonic, improving the appetite and increasing the amount of sleep. They told me they got better results in Raybrook in the treatment of patients in winter than in summer.

Dr. Russell — I would suggest that Dr. Porter, of Gowanda, tell us something of the treatment they are carrying out at that place.

Dr. Potter, of Gowanda — The only arrangement we have for our tuberculosis cases is on a porch in connection with the second floor of the infirmary ward. This porch will accommodate 12 or 13 beds, has a wire grating similar to the one Dr. Potter, of Rochester, mentioned, and to protect them from the rain and the severe weather, we have a canvas curtain which is drawn down. During the winter the temperature at times has been down to 28 and 30 degrees below zero. The patients had abundant covering, hoods, bed socks and mittens, and we have had no ill results from the very cold air. We are careful that cases are not taken to the porch during the severe weather.

We found that our chronic disturbed patients became more quiet and remained in bed with less trouble. The nurses out there have extra wraps and there is a nurse with them practically at all times. The cases are brought into the ward when it is necessary to uncover them or change the clothing. The increase in weight has been very marked in all except one case, I believe.

Mr. Chairman — Perhaps Dr. North can tell us something about the effect of cold air at Dannemora.

Dr. North — I do not know that I can add much of interest, Doctor. Of course our patients are convicts and of such a character that we can not allow a very great measure of liberty except in individual cases or where the patient is too weak to attempt to escape.

We merely try, during the spring, summer and fall, to keep certain ones out of doors as much as we can during the day. We have thought of trying to relieve our infirmary, which is not arranged on a proper plan, by placing perhaps 12 or 15 patients out of doors in tents during the summer. Our population is increasing, and I should like to carry out this idea so far as we can. I think the climate at Dannemora is beneficial, and agree with the others that the cold, bracing air does improve the appetite and the patients sleep better.

Dr. Russell — There is one little practical suggestion that occurs to me. At Ogdensburg I saw an arrangement used in raising the windows on a cold or windy day. A frame of muslin or canvas is put in the opening of the window. This has some-

what the same effect as a tent, so that windows can be opened and air admitted without draught. The windows of St. Margaret's Home for Children in Albany are similarly equipped throughout the institution. One sash is replaced by a frame with canvas in it, or muslin, and there are two frames with an air space between. There is no glass at all, winter or summer.

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Mr. Chairman — What do they do when they do not want air?

Dr. Russell — They close them up; it works like a sash.

Mr. Chairman — Is there anything beside the muslin curtain? Would not a storm beat through?

Dr. Russell — There is nothing but the muslin curtain, but I do not think the storm beats through any more than through a tent. Anybody can see the place; it is near the capitol.

Mr. Chairman — If there is no further discussion, we will proceed with Dr. Palmer's paper on the "Care of the Insane pending Commitment."

CARE OF THE INSANE PENDING COMMITMENT

By HAROLD L. PALMER, M. D.

The quality of care afforded insane patients at the hands of county and town officials while awaiting transfer to State hospitals is a matter of importance, but one with which hospital superintendents do not come in direct contact. While this is beyond the jurisdiction of the hospital authorities it is a matter in which they are interested because of its bearing on the welfare of their patients. As the first few minutes of a fire are the most important if a disastrous conflagration is to be prevented, so the first few days of mental disturbance are important if an acute case is to be prevented from becoming chronic. It, therefore, follows that all hindrances to recovery should be avoided and that whatever, either directly or indirectly, can contribute to prompt improvement should be provided. Then, too, there is the purely humanitarian side which makes it imperative to give to the sick in mind or body such care and attention as will make them as comfortable as possible. Such information as the hospital physicians secure is obtained, first, through the medical certificates which usually state that the patient will be found at his home, at the jail or the police station, as the case may be. Then the attendant who is sent for

the patient gives, on his return to the hospital, a more or less detailed account of the surroundings in which the patient was found and the quality of care he received. This account, of course, varies widely with the degree of intelligence and powers of observation possessed by the attendant; and, finally, some knowledge can be gleaned from the condition of the patient at the time of his admission as regards bruises, state of cleanliness, etc. With deductions from all these sources of information a fair idea of the way the patient has been treated can be reached.

In passing, it is of interest to note in this connection that the case history available in mental ailments is by no means as complete or satisfactory as is customary in general hospitals where the patient can clearly relate conditions and experiences, or where friends can, and often do, supply most valuable information. It is true that relatives sometimes come to tell what they can about our prospective patients, but these instances are comparatively rare.

In order that I might speak authoritatively on the subject and know definitely just what measures are employed in the various counties, I addressed a letter to every superintendent of the poor in the State, with the exception of those in the New York district, asking answers to the following questions:

1. Have you any special provisions for caring for insane persons while awaiting transfer to a State hospital? If so, what are they?
2. If insane persons cannot be cared for at home pending commitment are they taken to the police station or jail?
3. What is the average annual number of insane persons requiring care at your hands pending commitment?
4. Have you felt the necessity for special provisions to enable you to care for the insane?

The answers to question 1 show quite conclusively that there are no special provisions in the State, with a few exceptions, for taking care of insane persons before the arrival of a trained nurse or attendant, or before their actual entry upon the hospital ward. One of these exceptions is Albany county, and the commissioner of charities states as follows: "In December, 1899, our board of supervisors passed a resolution appropriating a certain sum for, and authorizing the construction of, a reception pavilion in connection with Albany Hospital, for the care of persons afflicted with nervous and mental disorders. The pavilion was completed and

first occupied February, 1902, an arrangement having been made with the board of supervisors to maintain, treat and care for all persons sent to the pavilion on orders from the superintendent of Albany almshouse at the rate of \$6.00 per week. I find the pavilion meets a necessity which heretofore existed and fills every requirement both of law and humane acts toward those either temporarily or hopelessly insane.”

Onondaga county also pursues a course somewhat different from that of most counties. I quote from a letter of a county official: “No special provisions for caring for insane persons while awaiting commitment are made. Insane persons are not taken to the police station or jail pending commitment and I know of no special provision for their care. All insane persons, so far as I know, are detained at the detention hospital, except those women who are not considered dangerous, who are kept in the matron’s department in the city hall.”

While this official states that no special provisions are made, he shows that the insane are treated as a special class and not allowed to come in contact with persons charged with crime, and are not taken to the police station or jail.

With these exceptions there are no means provided in the State for furnishing to insane persons any different grade of care than that which is accorded ordinary misdemeanants.

The answers to question 2 show that the common procedure is to take such persons as can not be kept at home to the police station, jail or almshouse; the examination as to their sanity may take place before or after their transfer; there they remain until the attendants from the State hospitals call for them, the length of time varying from one to three days. The accommodations provided are, in most cases, the same as for ordinary prisoners. Frequent mention is made of the padded cell and the inference is that great reliance is placed upon this kind of room in caring for the insane, no doubt because it is supposed to prevent a violent patient from injuring himself and relieves his custodians from the necessity of providing an attendant. Quite a number of my correspondents, however, state that they furnish watchers to care for the patient not only while in jail or police station but at home, in case the family are unable to manage alone.

Question 3 brings out the fact that the number of persons who are confined in jails, etc., is comparatively small, the large proportion of those committed being cared for at their homes. I do

not think that it would be far from correct to say that three-fourths of those committed are thus treated. It is only the violent and disturbed cases, the tramp, or vagrant, who is picked up on the highway, and the occasional case where the family fears elopement that require detention in the police station or jail.

In regard to question 4, which asks as to the personal feeling regarding better means of caring for insane persons, I find my correspondents about equally divided; a number seem to feel that a padded cell would meet all requirements; one writer feels that he requires a steel cell. With nearly all, the predominant idea seems to be to prevent escape and self-injury without furnishing special attendants. The humanitarian view is not a great deal in evidence. The impropriety of placing sick persons in association with the criminal classes does not seem to appeal to a great many. This is natural, perhaps, when we remember that their main business is dealing with criminals and not with insane persons. Some, however, show a very acute appreciation of this matter. The fact that the jail and the police station are so universally used for the detention of insane persons is to be deplored, particularly with regard to women patients. It may not be out of place to cite a few cases showing the lack of proper care afforded, the inadequate and unsuitable accommodation provided, and in some cases the neglect and utter indifference to matters of common decency on the part of custodians toward their charges.

Case 1 — A young man, well known, respected and very popular in the village where he lived, was taken violently insane; he was cared for for two days at his home when it became necessary, on account of his disturbed condition, to transfer him to the jail. A physician from one of the State hospitals was sent to accompany him to the institution. On arriving at the town, effort was made to locate the officer in charge of the jail. After some difficulty it was learned that he had left the town and would not return until late in the evening; then the physician who had charge of the case was sought. He was reluctant to accompany the hospital doctor to the jail, but finally did so. On arriving there was some trouble in locating the keys, but, after considerable delay, they were obtained, and, on gaining entrance, it was found that the jail consisted of a large room used mainly for the storage of the voting booth, park benches and fire apparatus of the village. At one end were two iron cages about six feet by six feet

in size. In one of these the patient was discovered, sitting upon the floor in a very filthy condition, absolutely naked, with a number of torn blankets about him. He had been confined in this way for about two days; was wild and maniacal, and died the day following his admission to the hospital.

Case 2 — A woman, 21 years old, so extremely maniacal that it was necessary to place her in jail. She broke a number of windows in the jail and was, therefore, placed in a cell which had a grated door. On the same floor were a number of male prisoners who could see and hear her plainly; there was no woman attendant.

Case 3 — A man, age unknown, in an acute state of excitement, who was compelled to remain in the police station for 12 hours strapped in a chair without change of position.

Case 4 — A man, was confined in a cell with a broken closet-bowl which permitted the water to escape and run over the floor, where it accumulated, so that it was three or four inches deep. Patient was found lying in this water in a very filthy condition.

The histories of these cases have been furnished me by different hospital superintendents. It is doubtless true that these are extreme instances and exceptions to the rule, but that such neglect should occur at all in the Empire state is itself a commentary on conditions and misunderstanding, calling loudly for reform. Many more cases could be cited of intelligent and kind treatment, but good and bad go together to make up the general average. Such occurrences as those mentioned should be impossible. They tend to show how badly the insane can be treated when the officials in charge of them are callous and indifferent. It does not appear that this state of affairs was necessary in any case and reflects more upon the persons to whom the insane were intrusted than to the lack of appurtenances. These cases are exceptional and occur only at rare intervals, but it is to prevent the possibility of such conditions arising that special means for the care of the insane should be provided, particularly in the cities and larger towns. It is doubtful if it is practicable for each county to erect a building and provide attendants, as some counties do not commit on an average one person a year. One official stated that he had not had a case of insanity thrown upon his hands in seven years. In the more populous districts, however, adequate accommodation should be furnished and competent persons, both men

and women, provided to give the proper kind of care and attention to this class of patients.

Although in some counties there are very few cases calling for any special arrangements for attendance upon the mentally disturbed awaiting the arrival of hospital nurses, it is better far, from every humanitarian standpoint, to provide some proper place, even if it be used but once or twice a year, than for a civilized community to be guilty of such barbarous treatment to a fellow mortal as is related in one or two of the instances cited.

In 1891 the Commission in Lunacy recognized this need and made mention of it in their 3d annual report as follows: "The preliminary detention of insane patients and the removal of the same from their homes to institutions for care and treatment is a matter that has given rise to much serious consideration and considerable legislation. It is still in a condition far from satisfactory and the Commission believes that very important improvements might be made. * * *

Under the system at present prevailing in all the counties of the State, with the exception of New York and Kings, the indigent insane and large numbers of those whose friends pay for their support are taken in charge of the town or county superintendents of the poor who make preparatory arrangements, * * * and, pending all these arrangements, if the patient is too disturbed to remain at home he is taken in most instances to the poor-house or to the jail or town lockup and kept there until the medical examination can be had and the other arrangements be completed. This practice the Commission believes is unworthy of the State. Much should be attempted and its discontinuance procured by appropriate legislation so that the insane poor and those supported wholly or partly by the public * * * should not be put into any local or custodial relations with town overseers or county superintendents of the poor who as a rule have had no practical experience in dealing with diseases of any kind, certainly not with insanity, * * * but if the poor-house, town lockup and the county jail are eliminated from this question some other place of detention must be provided for the purpose of observation and examination. In the city of New York this difficulty has been met by providing what is known as a receiving pavilion for the detention and examination of persons whose conduct or condition require them to be placed under control pending a determination of their mental condition. * * * It is pertinent to ask, why a receiving pavilion should

not be established in all other counties of the State where, more than in the city of New York, such a place of detention is necessary. In most interior counties of the State there is not even a hospital or any place of detention for this class of people. * * * If a receiving pavilion were provided, to be located for example at the county seat, and to include a small, inexpensive structure properly cared for by a matron, or one or two experienced attendants and supplied with proper facilities, these difficulties would largely disappear. When a person becomes violently insane and dangerous he could be removed at once to this pavilion and there cared for. * * * The question naturally arises, why should not a special officer be provided by statute to be designated superintendent of insane or some other appropriate title, who should have the sole charge of cases of lunacy prior to admission to the hospital. * * * The Commission would, therefore, recommend that the Legislature provide for the erection of suitable places of detention, to be known as a receiving pavilion, in each county of the State, with the exception of the county of New York; that the statute be amended so as to provide either for a special officer in each county * * * to have the preliminary charge of such insane or for taking from the superintendent of the poor and placing upon some judicial officer the duty of determining the questions which relate to the admission of any insane person."

The conditions which existed in the State in 1891, and the methods of taking care of the insane prior to commitment in operation at that time, are practically the same to-day, and the recommendations made by the Commission to improve these conditions are just as applicable now as they were then. A superintendent of the insane, or an official with some other title, whose duty it should be to take entire charge of insane patients until they are given into the custody of hospital attendants, would be an ideal arrangement, provided there were enough cases to occupy the time of such an official. This would hardly prove to be the case in most counties of the State where frequently weeks at a time go by without commitments. For the same reason the building of a special pavilion with its proper appurtenances, a matron and attendants, would hardly be warranted in many counties.

What then should be done with this class of persons? Whatever plan is proposed must provide for proper care and attention

at a minimum expenditure in order to insure its acceptance by all parties concerned. To meet these conditions, my suggestion is that in all communities large enough to support a general hospital some special arrangements should be entered into whereby two or more rooms could be set apart and attendants provided for the care of insane cases. The fact that the building is a hospital in which such cases are detained would insure the obtaining of certain changes which are essential. First of all — the care and attention of a physician, if needed. Second — special oversight by nurses who if not skilled in the care of persons suffering from insanity would, nevertheless, be able to give adequate attention under the direction of physicians. Third — relief from the stigma of being confined in a jail or police station with the incident neglect and indifference. These are the principal measures that need correction at the present time. I assume, of course, that in a hospital the rooms would be properly lighted, heated and furnished, and that men would be placed in one portion of the building and women in another.

A committee of the board of supervisors of one county is at the present time endeavoring to make this arrangement with a general hospital. In all cities and large towns it is my impression that this arrangement could be made without difficulty, and when made the unfortunate occurrences which come to our notice from time to time, and which I wish to emphasize are not numerous, would cease altogether.

Regarding those cases which are too far away to be taken to the hospital, the superintendents of the poor should be authorized to provide special caretakers, both night and day, until the attendant from the State institution can reach the patient.

It is, after all, more a matter for better and more general public education than it is for legislation. There is less need to multiply offices than there is to get the best possible results from those already in the public service. The chief trouble lies in the general misunderstanding and lack of appreciation by the public of the conditions and requirements governing the care of the insane.

In the old days there was much talk about madhouses. Then these institutions were called lunatic asylums. This nomenclature has given away to hospitals for the insane. That is the idea to be made emphatic. No one suffering from any physical illness would be thrust about and thrown around so unfeelingly,

and if it can only be sufficiently impressed that insanity is brain sickness, that the patients are sick in the true sense of the word and should be treated accordingly, then the needed improvement will begin to make its appearance.

Mr. Chairman — Will Dr. Meyer kindly open this discussion?

Dr. Meyer — This is indeed a topic that interests me very keenly because of the fact that in the provisions that were made especially for New York city and also for Brooklyn, the whole plan was very closely associated with the work of the Institute, at any rate, in the opinion of those who started the whole issue.

I am very much interested to hear the reference to the 3d annual report of the Commission, which evidently attempts to do justice to that great question for the whole State, and not only for one locality. The plan that Dr. Palmer advocates is probably the one which ultimately will carry the best results.

It seems to me that the community in which the disorders show themselves will always be responsible for the early provision and that, therefore, it is the duty of the State to demand some provisions in the community to house patients who can not very well be kept in the home, and for whom supervision would be unobtainable unless we procure very much greater facilities for easy and rapid transfers to the State hospitals. I think also that there are always enough cases in which the question whether a transfer to a State hospital is necessary is more or less in doubt. We know that in symptomatic delirium, which is very often an extremely acute delirium, this question becomes very difficult. Many of these cases properly belong to the general hospital, since we know that as soon as the cause is removed, the delirium disappears. So general hospitals will naturally need provisions for the care of symptomatic delirium, and we ought to insist on their being adequate. At the present time in a general hospital, acute delirious cases are very often tied to the bed very much as they were years ago in State institutions.

As soon as we shall have been able to insist upon the proper care of symptomatic delirium in the hospitals indicated, it will be the most natural thing in the world that the next move will be to receive and care for insane patients pending their transfer to the State hospitals. The general hospital will be the natural place to protect the patient until the transfer can be made.

Transfer to the State hospital ought to be made as easy as possible. I am convinced that if we could get voluntary commit-

ments and emergency commitments for the State hospitals made more practicable it would be of advantage to the State hospitals. But there will always be cases in doubt, and for these, I am sure, nothing better than the general hospital will present itself.

Any attempt to have a ward in the county house or the poor-house is to be condemned at the outset. I think, as Dr. Palmer says, there is too much police about those who have charge of such institutions. They have too much of the detention and police idea about them to be able to care for acutely insane persons.

To make proper provisions may call for the help of the State institutions. I am sure that nothing would be more satisfactory and profitable in the long run than an effort on the part of the various institutions to send one of their physicians around to the general hospitals in the locality and give some instructions how to arrange that matter, because it is very much better that the direction should be given by those who know, rather than by those who merely desire to know, and very often do their best in thinking, but do not do their best in trying to find out.

I think the suggestion of Dr. Palmer is extremely valuable, and I hope it will be carried to the point of execution.

Mr. Manro — I would state that in Auburn the common council appropriated funds sufficient to cover the expense of a room such as Dr. Palmer suggests, provided with bed and good clothing, bath-room and water-closet connected, and we have two special officers that act in the capacity of attendants for patients that are committed, or are to be committed, and this room is only used for insane patients. It is detached from the other part of the city hall and arranged in a way that I do not think would be objectionable, even to the relatives of patients. It is in connection with the city hall and was built at the expense of the city, and is not connected in any way with the jail or poorhouse.

Dr. Elliott — I want to express my appreciation of the very excellent way in which Dr. Palmer has presented this subject. The question of the care of the insane pending their commitment never came up during the time I was in Brooklyn, because, as is well known, in Brooklyn and New York there are very complete arrangements for giving proper care, but it is a matter which has come to my mind a great deal since I have been at Willard, because the conditions in that district are so opposite, extremely so, to what they are in Greater New York. We have in our district

nine counties which cover a large area, and the aggregate population is something like 387,000. The largest center is Auburn, a city of something like 32,000, and next comes Geneva, Ithaca, Corning and Hornell, with populations of from 12,000 to 14,000; these are the largest centers of that district of nine counties. The dearth of population, and large territory make it at once apparent that there can not be the facilities for the immediate care of insane persons, pending commitment, such as are practicable in large cities. I have felt it to be impracticable in such a district to comply with the requirements. There is, I believe, a clause in the insanity law regulating this matter, at least to some extent. The legal provision whereby patients can be admitted on the medical certificate alone has not been taken advantage of to the extent that it might have; it seems to me that this would help out in many of these cases, but it is very seldom done in our district. We have no more than two or three cases in a whole year under that arrangement. So far as the treatment of many of these cases is concerned, of course that is the result of ignorance and superstition on the part of the police and county authorities, whose understanding of insanity is in keeping with the popular prejudice and delusions which still exist regarding the insane. I think the plan which Dr. Palmer suggests as a remedy for this defect in our system is a very good one, the most practical one I have heard advocated. There are occasionally dangerous patients who require immediate care for the protection of the public. Within the last year a colored man was arrested in the streets of Waterloo, who was going about the town flourishing a revolver and threatening to shoot a prominent citizen there. He had delusions and it became necessary to put him in a place of safety at once. I happened to be in Waterloo at the time and was asked by the judge to go to the jail and examine this man, to see if he really was insane. He was found to be in a paranoid condition due to alcoholism. I mention this as one instance where it was necessary to resort to such measures in a district like ours for the public safety.

Dr. Hurd — To what do you attribute the failure of the physicians in your district to use the emergency commitment?

Dr. Elliott — Very possibly a lack of knowledge of such a provision of the law.

Dr. Harris — We have quite a number of emergency commitments from Dutchess county, and I think this is true because the

hospital is so near at hand. Once in a while we get an emergency case from Yonkers, and once in a great while from Albany.

Mr. Chairman — It seems that it is not taken advantage of nearly as much as it might be.

Dr. Harris — I think it is through the lack of information on the part of the general practitioner. A great many of them call up the hospital and ask how to get patients in right away without having the judge's approval. In one way we tried to assist the general profession of Dutchess county by having the medical societies of the county and of Poughkeepsie come to the hospital and visit the various departments, and at times we have given general information about the commitment of the insane, and special information relative to emergency commitments.

Mr. Chairman — How many cases do we average a year there?

Dr. Harris — I could not tell you, Doctor. I think four during the past few days.

Mr. Chairman — I know that two or three years ago it was scarcely done at all.

Dr. Potter of Rochester — In reference to this matter of emergency commitments, my experience has been that the physicians in our district are disposed to make each case an emergency case in order to save going before the judge. It has become a nuisance with us. I rise simply to ask if it is illegal to confine an insane person in a jail or lockup? I did not really think it was.

Mr. Chairman — The law reads thus:

“In no case shall any such insane person be confined in any other place than a State hospital or duly licensed institution for the insane, for a period longer than ten days, nor shall such person be committed as a disorderly person to any prison, jail or lockup for criminals, unless he be violent and dangerous, and there is no other suitable place for his confinement, nor shall he be confined in the same room with a person charged with or convicted of crime.” — Section 68 of the Insanity Law.

Dr. Hutchings — I agree heartily with Dr. Palmer in most that he has said, but it seems to me that possibly he has given a little too much emphasis to the idea that as soon as a person is recognized as insane, he should be taken in charge by the county

authorities. I do not think that Dr. Palmer meant to take that position, yet the discussion and paper has tended to give the impression that the persons should not be left at home, but should be taken in charge and cared for in the most available place. Quarterly
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It seems to me the patient should, whenever possible, be left at home, and the superintendents of the poor and the county authorities would do well if they would designate, or perhaps appoint a competent man and woman in each county, experienced in the care of the insane, graduates if possible of the State hospital training schools, who could be sent to the homes of the patients upon request of the physician, and take charge of them there and nurse them at home pending the arrival of representatives of the State hospital — just as well so far as the safety of the patient and community is concerned, and very much better for the impression that will be made upon the mind of the patient.

Dr. Hurd — I rise to make one remark in regard to Dr. Potter's complaint as to the over-use of the emergency certificate in Rochester, and to say that the practice became so common in Buffalo, that we found it necessary to insist upon the observance of that section of the law which states that the physician shall make affidavit as to the necessity for the emergency commitment.

There is no doubt in my mind that the emergency certificate relieves to a great extent the ills of which Dr. Palmer has written. Patients can be taken care of at home for the short space of time necessary to have two physicians make out the certificate, but when *every* case comes as an emergency, the object of the law is lost sight of. Where they have no homes, this does not apply.

Dr. Russell — I would like to ask Dr. Palmer whether the reference in the 3d annual report of the State Commission in Lunacy which he read, indicates that the special officer recommended should be a State officer, and whether the places of detention were to be established and supported by the State? I did not quite understand that.

Dr. Palmer — I do not know that in the Commission's 3d annual report it makes the distinction. I assumed that the official was to be a State official.

Dr. Russell — It seems to me that this is one of the most important subjects that has ever come before this conference. In 1891, apparently, the Commission in Lunacy made strong recommendations, and now — 16 years after — Dr. Palmer says the

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conditions are just the same. It would seem to me, therefore, that the matter should be considered very practically, as to whether something more can not be done.

There is much that should be done. According to Dr. Palmer's estimate, about 25 per cent of the patients, outside of New York and Brooklyn, have to pass through jails and lockups, though the law evidently implies that there should be some more suitable place. It says, "Unless he is violent and dangerous, and there is no other suitable place for his confinement," implying, to my mind, that some other suitable place should be provided.

Dr. Palmer very well explains that in order to get the results recommended by the State Commission in Lunacy, which we all recognize to be desirable, a process of education is necessary. Recognizing, therefore, that there is no other way, have we no duties in regard to the education matter? Is there anything more than can be done now? It seems to me there is. For instance, if it is true as has been said here, that failure to take advantage of the emergency commitment is due to ignorance — that can be attended to. Why should there be this ignorance which can be easily removed? Again, why should not the State hospitals receive voluntary patients? I am not sure, too, but that a little legislation would help. Why should not the State, with its body of experts represented in this conference, decide and direct in regard to the right thing to do? I do not see why it should not be made obligatory upon the counties to provide some place. These should be in connection with general hospitals in the county, or where the number of insane is small I do not see why the patients could not be sent to the hospital nearest in an adjoining county. Possibly an arrangement for State aid might be made. In 1891, the idea of the Commission was apparently to have State detention hospitals. While this may be impracticable and undesirable, such places should at least be under the supervision of the State, because there should be some way of establishing and maintaining proper standards.

I do not think we ought to sit still and wait until the whole population is educated. We should conduct a campaign of education, and I do not see why we can not. This then, it seems to me, is one of the most important subjects that has come before this conference. If 25 per cent of the patients, representing not less than from 500 to 1,000, pass through jails and lockups on their way to the hospitals, a very small proportion of them are surely

violent and dangerous enough to justify treating them as criminals. A certain number of them, even if they are not subjected to such outrageous treatment as has been referred to by Dr. Palmer, at least get the prison idea which remains with them. It is not uncommon for me to hear from a patient: "I was sent here for three months (or for six months). Why am I not let out?"

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As physicians and alienists, we ought to try to do our very best to remedy the ignorance to which is due the prevailing distinction made between the sick and the insane. The insane are now handed over to the criminal and poor authorities, and the sick to the hospital authorities.

Dr. Meyer — I would like to state that the problem of promoting local efforts attempts to do justice to a certain number of cases that have got to be cared for immediately, and to a certain number of cases that are in doubt as to whether they are proper cases to be committed or not. Encouragement of that entails work on the part of those who know best the encouragement of the proper methods, and to do that, it has occurred to me repeatedly during the past year that a great deal could be attained if, at the present time, we would get ready for some legislative recommendations concerning the standards to be lived up to by local officers. To me, that seems to be an imminent proposition.

Of course, in the first place, the question comes up, shall the State or the locality stand such expenditure? I had not understood that the 3d annual report provided that a State officer should be provided for every county and that these things be done at State expense, and in the main, I should be opposed to that, on the ground that it introduces paternalism into a field which can be taken care of without paternalism. I think the local authorities have to take the matter in hand. Moreover, it is up to the local authorities to provide for the care of transitory delirium so that, considering it all, it will be best to see that the local authorities are encouraged to take up this matter which forms the transition ground from local charity to State charity.

Provisions such as were made at Auburn are indeed a step in advance, but they will be looked upon as something too special to work and fulfill what it ought to fulfill. Even in the general hospital it ought not to come to this that one or two rooms should be singled out and stamped. It is of much greater importance to have nurses and physicians who know what to do. Any modern hospital shows that it is not the room that is the main issue. In

all these things the State has an excellent opportunity to give help and we will need standards. I think the State authorities will need some justification to maintain local supervision. It is very desirable that there should be a perfect understanding, according to which the Commission in Lunacy has a right to demand standards for the maintenance of local provisions. That will apply to any attempts that are made anywhere in the State, and I think it will not only be a question of putting responsibilities on the localities but especially of bringing them advice. The natural avenue of consideration and starting point of new enterprises is a knowledge of the work which the State hospitals themselves are doing at present.

Dr. Russell — I move that a committee be appointed to study the whole subject and make recommendations in regard to the action to be taken by the State Commission in Lunacy and the authorities of the State hospitals.

Mr. Chairman — I would like to say that Dr. Meyer's suggestion in regard to some regulation and some standard is very important indeed. I know of one place in the State where rooms have been set aside for patients in a county hospital. They are very little better than our prison cells. Dr. Russell and I examined recently the reception rooms provided in the county hospital referred to, and to me they appeared very unsatisfactory. I think that there should be some regulation and the Commission should have some authority over such reception rooms and hospitals, and I also think Dr. Russell's suggestion in regard to educating the public a very important one.

In Poughkeepsie we have a splendidly endowed hospital — Vassar Hospital — it has more money than it knows what to do with, and yet from the unenlightened condition of the time when this hospital was founded, the founder made the provision that no insane person should be admitted, and where they are in a position to do excellent work, and would be glad to do it were it not for that provision, they are now absolutely tied hand and foot and can not do anything in regard to the insane.

Dr. Harris — It has been suggested that it might possibly be arranged that the hospital could receive certain emergency cases even before the physicians' certificate is made out, but that the friends of the patients come and stay with them until they could be properly committed by physicians. Dr. Hurd has spoken to

me of this idea and it has been mentioned by physicians in Poughkeepsie. While it is against the law to receive an insane person without being properly committed, there might be some way in which the Commission in Lunacy could arrange for the proper supervision of certain cases as outlined above.

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Mr. Chairman — I think that is a very good suggestion, and it occurs to me that if the admissions were made voluntary, and if provision were made by which we could receive patients temporarily, in such cases of general excitement, that the trouble from which we now suffer would be very materially lessened.

I do not see why it would be easier to send a disturbed patient to a hospital in an adjoining county, pending commitment, as Dr. Russell suggests. It seems to me it would be the kindest way to send him directly to the State hospital in the care of the hospital nurses and there have him examined and properly committed later.

Dr. Hurd — I would say that such things are being practically done not infrequently. People in ignorance of the law bring a patient from the country, and it would be inhuman to send very ill patients to the office of the superintendent of the poor, or elsewhere, and in many cases I allow them to stay — in the care of their friends, however. They are allowed shelter, attention, etc., until the commitment is made out. In that case I assume no responsibility; their friends are responsible, and until they are properly committed I have no jurisdiction over them, but simply allow them the courtesy of remaining in the institution as guests.

Mr. Chairman — I think that with the proper management a great deal could be done to minimize the conditions Dr. Palmer complains of. I know that in Poughkeepsie it is very often the case that a man committed from the police station is not sent to the lockup, but is kept in the waiting-room until the nurses arrive to take him to the hospital.

Dr. Meyer — I would like to ask Dr. Potter what the difficulty is the physicians complain of concerning having to go before the judge? It seems to me a great difficulty lies with the cumbersome nature of some of the proceedings. For instance, in New York city, we have so few commitments directly to the hospital from residences, very largely because they take too much time; there is too much red tape, too many annoyances to go through and,

therefore, direct commitments to a State hospital are relatively rarely made in the city.

Dr. Potter, of Rochester — I did not state what the difficulty was. I simply said the physicians did not care about going to the judge; that is left for the hospital to do.

Dr. Elliott — The point is that it has been carried to extremes in Rochester.

Dr. Russell's motion was duly seconded and unanimously prevailed.

Mr. Chairman — As such committee I will appoint Dr. Russell, Dr. Meyer, Dr. Hurd, Dr. Palmer and Dr. Wagner, taking in the different sections of the State as far as possible.

Dr. Hurd — Mr. President, if that matter is closed up, there is just one matter that the training school committee — or the majority of that committee — wishes to bring up for action. It is the request of Dr. Macy that in addition to the regular examination held in September, an entrance examination be held in May. I quote from his letter:

“In addition to the regular examination which is held in September or October, we would ask for an entrance examination to be held in May. If this could be done, it would meet the conditions which have necessitated our asking for a supplemental examination in the fall. It would also enable us to get much of the practical work for the junior class out of the way and they would thus be able to devote more time to the theoretical training. It would also enable us to complete the work so that our senior nurses would be free after the May examination to enter upon the post-graduate work among the different general hospitals with which we are allied. Their diplomas would, of course, be withheld until October first, at which time it would be considered that the school year closed, as at present. At first glance it might seem that this would lengthen the course, but such is really not the case, as the extra time between May and October would be filled in by work outside and away from this hospital. * * * This arrangement suggested is practically the same as we find carried out in all the general hospitals that we have investigated about in this district.”

If the schools wish it, the committee sees no objection whatever, and it is presented to the conference for action.

Mr. Chairman — What action shall we take on this matter connected with the training schools? Quarterly
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Dr. Elliott — Does that mean that an attendant who comes between May and October will not be permitted to enter the training school at the term beginning in October?

Dr. Mabon — No; it provides an additional entrance examination in May, besides the regular one in September.

I move that the suggestion made by the chairman of the committee on training schools be adopted.

Which motion was duly seconded and unanimously prevailed.

Mr. Chairman — There are two or three questions still to be brought up — the question of tables for the annual report, and Dr. Wagner, I believe, has an additional report on the hours of labor.

Dr. Wagner — I can report very briefly. Dr. Smith joins me in the request that the committee have further time. We have corresponded with the superintendents and we have been unable to get any material matter in addition to what we had at the time we made our last report, and in view of the fact that the Legislature seems to be very busy with the subject of the hours of labor at the present time, and does not seem disposed to invite the superintendents to any of the hearings and conferences that they have, we feel that it would be as well, perhaps, to not make any further definite report until the adjournment of the Legislature.

Mr. Chairman — I would like to say that the report that has already been made, and the remarks made by Dr. Russell in discussing it were used by the attorney representing the attendants, and it proved to be one of the most efficient arguments presented. I do not know what the status of the bill is at present. The attendants are very insistent. They don't want the superintendents to regulate the hours of labor; they want it arranged by law, so that there can be no variation or evasion.

Dr. Mabon — I move that the committee be granted further time.

Dr. Palmer — I would like to say a few words regarding the preliminary report made by Dr. Wagner last winter. It says in the report: "Each nurse or attendant shall be allowed three days

off duty during every four weeks," that is, three days in every 28 days, or nearly one in nine. That amounts to $41\frac{1}{2}$ days in the year, and if we take in the two weeks' vacation, excepting one and one-half days, it means 53 days a year absence from duty. If, for illustration, there are nine attendants assigned to a ward, it seems that one of these attendants will be off duty every day. In other words, that ward will be manned by eight attendants; one attendant will never do any work. In the case of 90 attendants, 10 would never do any work, and so on. When the actual number of attendants required to take care of the patients in any hospital is determined, one-eighth of the number must be added to provide for absences. The result is that over 11 per cent of the nursing force never does any work.

Dr. Wagner — I would like to say in regard to that, Mr. Chairman, that Dr. Palmer has lost sight of an exceedingly important factor that the committee had to contend with. In making that report, the committee was obliged — practically compelled — to make a report that would not give to the attendants any less time off than they were already getting. That would be so unsatisfactory to them, that we felt we would be "out of the fat into the fire." The time they get now, 52 half days, equal to 26 days, 14 days' vacation and every third Sunday, amounts to about 57 days, and we were trying not to give any time in excess of what they were already getting, but give about the same amount of time in a little different form. I do not see how we can adopt a report on hours that takes away from them any time that they are now getting, and expect it to be more satisfactory than the present arrangement.

Dr. Mabon — It seems to me this is not before the conference.

Dr. Mabon's motion was duly seconded and carried.

Mr. Chairman — Does the committee on tables want to present a report?

Dr. Hutchings — The committee on statistical tables was directed to report at the July meeting, and we have not prepared any report to-day.

I might explain that the committee has held a meeting since we have been in Albany and have come to an unanimous agreement on the line which we would recommend, and we will now prepare a circular letter and send it to each superintendent, and

request him to examine it, and particularly give it to his staff to examine. We want the men who work among the patients to see these tables, take plenty of time and look them over. Then we would be very glad to have a letter from each superintendent informing us of any suggestions or criticisms by any member of the staff, or by himself, in reference to the proposed changes. We want to make them acceptable to all.

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Dr. Meyer — In connection with the proposition concerning the annual reports, I have been asked by Dr. Harris to bring up a question, namely, that of the publication with the conference reports of the transactions of the meetings which are held at the various State hospitals; and especially whether the report which has been worked out at Hudson River State Hospital could be published in connection with the conference report. Would that meet with the approval of the Commission?

Mr. Chairman — I should like very much to hear from the gentlemen in regard to that.

Dr. Mabon — It seems to me that the proceedings of the inter-hospital meetings could very well be incorporated with the proceedings of the conference, or rather, printed with the proceedings of the conference.

Dr. Meyer — I should like to ask whether it would not be advisable to print enough copies so that each hospital physician could have a copy of the conference report?

Mr. Chairman — It seems to me that this would be a very economical way of getting our printing done without making it a charge upon your department. Are there any objections on the part of anybody?

Dr. Mabon — Mr. President, I would suggest in this connection that there should be some one to see that the publication is properly edited and be responsible for getting it out. He should be authorized to conduct the correspondence with the printing department of the Utica State Hospital and look after many other details.

Mr. Chairman — Could you do that work, Dr. Meyer?

Dr. Meyer — It would require special provision to edit it properly.

Mr. Chairman — It could not be very much work. It would have to be some one who is connected in a professional way with the hospitals.

Dr. Mabon — Now some things might be left out. Every word that is said here is printed. It would not be necessary in the form of publication we are discussing to incorporate everything that is said.

Dr. Harris — At the recent meeting in Poughkeepsie we had a stenographer to take notes. The matter was typewritten, and the remarks of each one present were sent around for correction, in the same way as is done by the Commission in discussions here. This material has been corrected and returned and the abstracts of the various cases have been added.

Mr. Chairman — I think that this matter will probably have to be taken up by the Commission, but it strikes me as a very reasonable idea.

Mr. Viele — Dr. Mabon's idea of condensation is the best way, because that discards the excess remarks not relating especially to the work. That is where you get the valuable part of it.

Dr. Potter, of Rochester — Why could not each institution go over their report and eliminate? Of course, there is more or less talk that is not very important.

Mr. Chairman — We will leave the matter of censorship open until the Commission decides what is to be done. Mr. Viele suggests that no definite action be taken.

Dr. Hurd — I would report that the proposed topic for the next meeting is "Employment and Occupation of Patients," to be written by Dr. George A. Smith.

On motion of Dr. Mabon, adjourned.

LEWIS M. FARRINGTON

Secretary of Conference

STATE OF NEW YORK — STATE COMMISSION IN LUNACY

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SHELDON T. VIELE,

WILLIAM L. PARKHURST,

Commissioners

Minutes of conference of State Hospital Superintendents and representatives with the State Commission in Lunacy, held at the Capitol, Albany, September 10, 1907, at 10.30 a. m.

Present — Commissioners Viele and Parkhurst.

Utica State Hospital, H. L. Palmer, M. D., Medical Superintendent.

Willard State Hospital, Robert E. Doran, M. D., First Assistant Physician.

Hudson River State Hospital, Chas. W. Pilgrim, M. D., Medical Superintendent.

Middletown State Homeopathic Hospital, M. C. Ashley, M. D., Medical Superintendent.

Buffalo State Hospital, Arthur W. Hurd, M. D., Medical Superintendent.

Binghamton State Hospital, Charles G. Wagner, M. D., Medical Superintendent.

St. Lawrence State Hospital, R. H. Hutchings, M. D., Medical Superintendent.

Rochester State Hospital, E. H. Howard, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, D. H. Arthur, M. D., Medical Superintendent.

Long Island State Hospital, O. M. Dewing, M. D., Medical Superintendent.

Kings Park State Hospital, George O'Hanlon, M. D., First Assistant Physician.

Manhattan State Hospital, William Mabon, M. D., Superintendent and Medical Director.

Central Islip State Hospital, G. A. Smith, M. D., Medical Superintendent.

Dr. Adolf Meyer, Director Pathological Institute.

Dr. William L. Russell, Medical Inspector.

Managers Fred J. Manro and Mrs. Mary C. Acker, Willard State Hospital.

Commissioner Viele — The conference will please come to order. In the absence of a medical commissioner I will call the meeting to order and as this is a medical meeting exclusively, I will ask Dr. Russell to preside.

Dr. Russell — Unless there is some objection to the minutes of the last conference they will be approved as published. The program committee has announced that the paper for to-day will be on the "Employment and Occupation of Patients," by Dr. Smith, and I will therefore call on Dr. Smith to read it.

Dr. Smith — Mr. President and Members of the Conference:

OCCUPATION AND DIVERSION OF PATIENTS

By G. A. SMITH, M. D.

One important advance in hospital management is the recognition of the value of occupation and diversion as a therapeutic agent in the care of our cases. To those who are daily brought in contact with the patients the subject must always be of interest, and there is no doubt that a proper appreciation of this has had much to do with the rapid advance in our methods of treatment during the past few years. When one contrasts the inactive, monotonous existence of the patients but a decade since with the active, contented life of a large number of the patients to-day, we can not fail to note this.

An experience of many years in hospital work has convinced me that occupation as a treatment is a powerful remedial measure, and when the occupation is directed in a systematic manner, it is without question the most valuable remedy we have.

It is essential that the occupation and diversion of the patients should be carried out under the direction of the physicians who shall direct its nature and duration, and not left to the employes, who seek to get so much work done, to utilize only the best workers and to neglect the drones or stupid types who are in reality more in need of the stimulus of exercise.

The selection of suitable occupation for the individual case is a matter of the highest importance, and it is only after the patient has been carefully studied and classed that this can be done. It is not always advisable to allow the patient to follow his usual avocation. It has been claimed by some that patients under treatment in hospitals should be given as nearly as possible work with which they are familiar or which they have been accustomed

to perform. My experience has been to the contrary in many cases. The patient who formerly has had office work or other sedentary occupations should be employed at something as nearly opposite as it is possible. If an entire change is made, new centers are brought into use, new objectives are placed before him, new emotions provoked, the attention is for a time relieved of the dominance of the insane ideas, and the nervous system as a whole is placed in a more nearly normal state of tension.

In the depressive psychoses, after the initial rest and medical treatment has been given, an effort should be made to keep the patient as much as possible in the open air and sunlight. Simple games, light occupations, etc., which will distract the patient's mind from his morbid ideas, and, at the same time, improve his muscular tone, are of inestimable value.

In stuporous conditions the same results are obtained.

In neurasthenias well-regulated muscular exercise in the form of occupation is of great advantage in distracting the patient's attention from his hypochondriacal ideas.

In the chronic types the employment of patients in suitable occupations is a matter of the highest importance, and unless some employment is found they become restless, quarrelsome and most difficult to manage, or lose all interest in themselves and their surroundings, become apathetic and untidy and advance more rapidly toward complete mental and physical deterioration. While the occupation may have no meaning to the more stupid patients at first, if persisted in, new interests will be awakened and improvement in physical condition, appetite and sleep result. That occupation and diversion play a most important part in the treatment of the insane is shown at Central Islip by the marked decrease in the use of sedative and hypnotic drugs.

Patients who are restless and very destructive when left to themselves, even exalted paretics and very distractable patients, can have their activity directed into non-injurious channels by an observant and tactful attendant.

Patients who are catatonic and apparently without active intelligence, sometimes show surprising abilities when suitable occupations are provided for them; even when this activity is for a long time mechanical it serves as exercise and improves metabolism and is much better for them than protracted inactivity.

Those patients who have sustained mental deterioration to any great extent cannot be given at first any occupation that requires

mental exertion or complex co-ordination. It has been my custom to start these patients to work at some simple occupation, such as polishing floors, and later they are put in what we call the "wheelbarrow brigade." I find that patients who have not degenerated absolutely into mental oblivion can be trained by a conscientious attendant to wheel a barrow containing sand, or other material, from one point to another. It is sometimes necessary at first to place the handles of the barrow in the patient's hands and then urge him to follow behind other patients more or less trained. It is surprising how soon this man will develop automatically what is required of him, and in the course of a few days he will himself pick up the barrow and move off at a given signal. In a few days more, if the attendant is sufficiently painstaking, the patient can be taught to load the wheelbarrow.

The patients who are just beginning this work are required to labor for only one or two hours in the morning and the same in the afternoon. By degrees he will be able to labor in the manner described during all of the working hours, and this association with other patients that are trained becomes contagious and he follows their example.

After the patient has been at work for some time in the wheelbarrow brigade, which work necessarily places him in condition favorable to health by being in the sunshine and open air, he is placed in another class whose work is somewhat more complex. He is given a spade and is taught then to dig holes in the ground, these holes being irregular, or excavations, at first, but in a few days the patient becomes competent to excavate a square or round hole or follow marked excavations. He is next taught to separate the sand from the loam and to make mounds, either round or square, with the sand that is taken from the holes, and later he is taught to refill the holes and smooth over the surface with the loam.

I find that many patients in the digging squads cannot be made at first to understand what is expected of them, but if the attendant will use diligence and perseverance in his effort to accomplish what is desired by example and by sticking the spade in the ground while in the patient's hands, he will in a short time turn over of himself spades full of sand. The patient's observation can be developed but slowly, but the right attendant will in time develop it along healthy channels.

Before these cases just cited are given work in the barrow brigade. they are required to push and pull the polisher up and

down the ward. This occupation amounts practically to the exercise attained in walking, but it leads up to the work of the barrow brigade, which is just a little more complex. Quarterly
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Some patients may leave the ranks of the polishers in one or two weeks after their start; others may require occupation at the polishers for a much longer period. Of course, there are a few patients on our wards who cannot be induced to do any work except that with which they are familiar. It is then necessary to allow them to continue their usual avocations, if work in that line can be found in the institution.

It is an easy matter to train those patients who are not entirely bereft of intelligence to do some kind of work, but it is necessary to have a painstaking and conscientious attendant at the head of the department in which the patient who has been selected by the physician is to work. Patients of this class should be imbued with the idea that the occupation at which they are employed is for their own good.

I am not prepared to say how occupation effects a cure, but I will say that a large number of cases begin to improve, both mentally and physically, immediately after beginning a course of occupation in the sunlight and open air. I have found that as a result through occupation, the patient's appetite improves, he sleeps better at night, he is less restless during the day, all of the secretions begin to improve, and the sallow complexion and coated tongue disappear; in fact, all of the symptoms of ill health that seem to resist drug treatment on the ward disappear more or less quickly when the patient is given some selected work by the physician about the grounds or on the farm.

It is of interest to note that in the various hospitals, dysentery and various intestinal disorders are less prevalent among men than among women. This can readily be attributed to the greater facilities afforded for the outdoor employment of men.

As the tendency of late is to attribute the cause of many types of acute psychoses and nervous disorders to auto-intoxication, resulting from absorption of toxins from the gastro-intestinal canal, the value of outdoor occupation and diversion at the earliest possible moment is readily seen.

Coincident with the physical improvement, the patient becomes less noisy, quarrelsome and destructive, and he becomes more orderly and tidy in his general personal appearance.

The fact that forced idleness, for a period, of the prisoners in the State prison resulted in a rapid production of insanity ought to teach us that a similar condition in the hospitals for the insane would tend to prevent recoveries among the patients.

The fact that the employment of the insane adds tremendously to the dollars and cents of the institution is a matter of common knowledge, but this cannot be compared to the value derived by the patient himself upon the restoration of his health; therefore we should eliminate all monetary valuations that could be placed upon the fruit of the patient's occupation.

For convenience of classification and as a handy working basis, I have divided patients' occupations into six grades or classes, the selection depending upon the amount of mental deterioration existing in the patients. Where the deterioration is extensive the patients are placed in the sixth grade and are occupied indoors by pushing and pulling a heavy floor polisher, and out of doors by pulling road rollers and cars filled with sand.

In the fifth grade is to be found those patients who work in the wheelbarrow brigade.

The fourth grade is for those patients who have done well in the barrow brigade and are placed on the sand hills with hoes, shovels, spades and rakes.

The third grade is for those patients who have done well on the sand hills and are placed on the hand lawn mowers, farm, gardens, grading, dining-rooms, stable, barn yard, shops, etc.

In the second grade are those patients who have improved sufficiently to do any kind of special work in any of the departments with ordinary supervision.

The first grade is for those patients who have parole of the grounds and who come and go from their wards and do their work unattended.

We are all familiar with the manner in which patients are influenced by their surroundings and how soon after their admission, either direct or by transfer, they become amenable to the general routine and customs of the hospital. It is by taking advantage of this readiness in learning that we have succeeded in developing satisfactory workers. To obtain this end we must have the co-operation of an intelligent and tactful attendant with energy. It is remarkable to see the difference between attendants in this matter, and how often a well trained squad of men will soon become demoralized in their occupation by a lazy, shiftless attend-

ant, for patients all look to the attendant for direction. We are all familiar with the fact that attendants are always able to instruct a sufficient number of workers, even in the most disturbed wards, to attend the general housework. If the same energy were used by them to instruct patients in other occupations that had been selected for them by the physicians there would be few of the able-bodied patients idle. At Central Islip we assign not more than fifteen patients to an attendant at outside work in the fifth and sixth grades. From the third grade are selected most of the dining-room workers. The entire dining-room service of the hospital, with the exception of the infirmary wards and certain special cases, is carried on by patients. In two of my large congregate dining-rooms — 1,200 in each — one patient at each table of eight or ten is selected as a monitor for that table, to remove his table supplies from the serving car as it passes, divide and serve the food to each patient at his table. It is remarkable how accurately this patient divides the food to each member of his "family" at his table, including himself in the division. I speak of this to show how amenable patients are to instruction and discipline.

To illustrate and explain in full what I desire to express, I could cite a large number of cases, but to minimize time I will mention two only. The first case pictures the importance of placing the patients as early as possible at some rational occupation; the second case shows the harmful influence of delay in providing occupation.

Mr. W. T., age, about thirty-five; no previous history.

On admission was in poor physical condition; speech muttering and incoherent; he showed marked indifference and lack of attention to his surroundings and apparently reacted to auditory hallucinations; was very restless and unable to give any account of himself. He was given rest treatment in bed with nourishing diet for about six weeks, in which time he gained about twelve pounds in weight, but was still muttering and unable to care for himself in any way. A week or ten days after he was allowed to get out of bed, the handle of a heavy floor polisher was placed in his hands and he was made to walk up and down the ward, accompanied by an attendant. In the course of a few days he would drag the polisher from one end of the ward to the other without being attended but would not turn around with the polisher. An attendant at either end of the ward would turn him around and start him toward the other end. In the course of a

few days he would do this work without prompting or instruction from the attendant. He was then placed in the wheelbarrow brigade, where he remained for about three months, after which he was transferred to the third grade and placed in the charge of one of the farmers, where he remained for a period of a little less than six months. He improved rapidly in mental and physical health while on the farm and was then transferred to the second grade, where he was employed in the kitchen for a period of about two months. His mental and physical improvement continued and he was then given parole of the grounds and transferred to the first grade, in which he was given special work in the storehouse, where his improvement has continued and his discharge is now under consideration.

I have no doubt that this young man's speedy return to physical and mental health was due largely to placing him early through a course of manual training.

Mrs. E. J., age, about thirty-seven; transferred to Central Islip from a private institution for the insane near New York city, where she had been for a period of three years. With her came the following information:

"Mrs. E. J. was admitted to 'A' May 27, 1903, from 'B.' Born in Sweden. Father and mother also born in Sweden. Duration of attack about two and a half years. Causes unknown. Diagnosis, terminal dementia. Patient was treated at 'C' from October 14, 1901, until April, 1902. She was then taken to 'B' and remained there until transferred to 'A.' Her histories from those institutions indicate that she was maniacal and became demented. When admitted to 'A' she appeared very demented, untidy in her habits, resistive to care, and much run down in general health. She held herself much of the time rigidly, and clenched her hands so tightly that rolls of bandage or similar material had to be kept in the palm to prevent trophic changes, etc."

On admission at Central Islip patient appeared extremely deteriorated mentally. She sat in bed with forearms tightly contracted on her arms and with fists tightly clenched. She manifested marked negativism and it was necessary to forcibly spoon-feed her. There was a total lack of appreciation and she refused to reply to questions. She was placed in bed and kept there for about four weeks when she was allowed to sit about the wards

doing nothing for some time. She had made little physical improvement, but no mental change could be noted.

On account of her resistiveness she could not be sent out with the regular walking parties but was placed in charge of one attendant who was instructed to walk her up and down the verandas each morning and afternoon. After this procedure had gone on for some time she was then placed in the regular walking parties and took her exercise regularly. By this time she began to mutter and to show some interest in her surroundings. This condition lasted for some months, when she was given a floor polisher and was walked up and down the corridor a number of times each day by one of the attendants until she was able to perform the work unattended. After three or four weeks of this work a considerable mental improvement was noted. She was then placed in charge of the dining-room attendant, who instructed her in carrying pails of water about the ward, then in sweeping, and later in washing dishes.

Patient's condition continued to improve and she was placed in various grades of work, requiring more and more cerebration and co-ordination, until after a period of six years of hospital treatment she was discharged as improved, with a diagnosis of dementia praecox, catatonic type. Several months after her discharge she was sent abroad by her husband with her two children, and the letters which we receive from her occasionally indicate that she has made a recovery.

I feel convinced that this woman would have made a recovery much sooner had she been given occupation as a remedial measure soon after her admission.

SUMMARY

First. The physician in charge should study the individual patient before deciding the kind of labor suitable.

Second. In selecting the occupation for the patient it is not always necessary to consider the previous employment of the individual.

Third. Farming, gardening and caring for the hospital grounds seem to be the best occupations for the majority of the patients.

Fourth. Improvement in the mental state can often be gauged by the interest and ability the patient shows in his occupation.

Fifth. Chronic cases that have become stationary are made happier by occupation. It tends to produce normal sleep, improves the appetite and generally betters the physical condition.

Sixth. An occupation that takes the patient to an outdoor life, which necessitates physical exertion and consequent deep inspirations, lessens to a marked extent the chances of the development of tuberculosis.

Seventh. It is a serious and unnecessary injustice to a patient to require him to be idle and suffer the further decay of his mental and physical force, merely because he manifests more or less mental deterioration.

I am satisfied that in the care and treatment of patients the shovel and the hoe are as important an equipment of the hospital as the microscope. I might say more: If we could not have both, we could better lose the microscope.

Mr. Chairman — I am sure that a great many questions must arise in our minds in connection with this important subject; and I think in the discussion it would be well to bring out any new methods or features in operation in any of the institutions. We should remember that these remarks become a matter of record and may be extremely useful. Dr. Smith has described a very systematic method of grading the patients. If anyone can suggest anything as to organization of the nursing force so as to carry on such a system, I think it would be very valuable. I will call upon Dr. Pilgrim to open the discussion.

Dr. Pilgrim — Mr. Chairman, I have been very much interested in Dr. Smith's very valuable paper but I cannot quite agree with the doctor in thinking that the employment of patients is a new departure in caring for the insane.

On Sunday, while looking over my library, I came across some items which are of special interest in connection with this paper. The first is a letter from Dr. Benjamin Rush to the Managers of the Pennsylvania Hospital on the treatment of the insane. It bears date of April 30, 1798, and is as follows:

“Mr. Coates will please to recollect the following propositions to be laid before the Managers for the benefit of the Asylum for Mad people, viz.: 1st. Two Warm and two cold Bath rooms in the lowest floor — all to be Connected; also a pump in the Area to supply the Baths with Water.

2nd. Certain Employments to be devised for such of the De- Quarterly
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ranged people as are Capable of Working, spinning, sewing, churning, etc., might be contrived for the women. Turning a Wheel, particularly grinding Indian Corn in a Hand Mill, for food for the Horse or Cows of the Hospital, cutting Straw, weaving, digging in the Garden, sawing or planing boards, etc., etc., would be useful for Men."

In a final communication to the same board of managers, dated September 24, 1810, he refers to the subject of occupation again in the following language:

"The advantages of labor have been evinced in foreign hospitals as well as our own, in a greater number of recoveries taking place, among that class of people who are employed in the ordinary work of the hospital, than in persons elevated by their rank in life above the obligations or necessity of labor."

Many interesting references to occupations for patients are made in the report of the Committee of Managers of the State Lunatic Asylum at Utica which was made to the Legislature in 1842. This committee was appointed to visit various hospitals and to look into the management of the existing institutions in order to provide a system for the management of the new institution which was about to be established at Utica, and from these old reports I would like to read a few extracts which seem to be particularly interesting in connection with the paper which we have just had.

The superintendent of the hospital at Worcester says:

"Of the benefit of labor both for the curable and incurable insane we have been long impressed. It promotes health, induces sleep, favors self-control, satisfies the individual of the confidence reposed in him by the officers of the institution and produces quiet and contentment."

In an extract from a letter from the superintendent of the Friends' Asylum for the Insane at Frankford, Pa., dated October, 1841, it is stated: "There is a circular railroad of 500 feet in circumference, which affords exercise and amusement to both male and female patients, and is much used by them. No one thing we have ever tried, blending exercise with amusement, has proved so fascinating." This, it seems to me, is a very interesting sugges-

tion and would seem to be a forerunner of our present scenic railways so popular in summer resorts.

A little further on he says: "Knowing the salutary effects resulting from labor, we use all means to promote it, and so very important in moral treatment do we think it, that two men are employed, whose business it is to keep the men patients out of the house to work with them."

Now, that I think offers a very valuable suggestion. Some years ago Mr. Goodwin Brown, who was then the legal member of the Commission, suggested that certain persons should be employed to go around the State and look into the matter of employment of patients and teach them useful arts, etc., not so much for the value of their labor as for the sake of keeping them busy. On account of lack of funds this valuable suggestion was never put into effect.

In Dr. Brigham's report, printed in 1844, he says:

"We consider labor as among the most essential of our curative means. Of this we become more convinced every year. Outdoor labor on the farm and in the garden is the best, and in the warm season this is the only kind we want for our patients, as our large farm enables us to employ most of the men who wish to labor or to whom it would be beneficial. In winter we find it difficult to furnish suitable and sufficient labor for all who would be benefited by it. Some engage in sawing wood, but this furnishes but little labor for sixty or seventy men. Some work in the joiner's shop, and a few are employed in other kinds of business. Still, for a considerable number we have not sufficient employment, and we apprehend this is a difficulty which all large asylums have to encounter. We have studiously examined this subject and reflected much upon the propriety of establishing some kind of business in which many can engage. But we find it difficult to determine what kind is best. Hitherto we have found none better than carving toys and making small wooden articles. Hence we some time since established what is known as a whittling shop, and which has been very popular. Several of our patients have become very skilful at this business, as is well known to those who have visited the asylum or who saw the case of carved toys exhibited at the State fair. Some articles carved here are not inferior to the handsomest Swiss specimens, of which, in fact, ours are imitations."

While I agree with Dr. Smith that there has been a remarkable revival of interest in employment of patients during the last decade, I think we must all admit that our predecessors, who were in the work before any of us were born, were doing the very same things and trying to solve the very same questions almost in the same way that we are trying to solve them now.

Dr. Hurd — This topic was not selected with the idea that it was new, but was chosen in the hope that in the discussion of a paper on this excellent and long-tried system of therapeutics and re-education, some new features and methods might be brought out. Dr. Pilgrim has shown how thoroughly the value of this method has been recognized for many decades, and what we wished to bring out were *new* methods adapted for institutions, not located in farming districts where much land is available and must be worked, but for institutions in the cities where large farms are not attached. With us, we have had for many years from sixty to sixty-five per cent of patients employed, exclusive of those of the infirm class. We have a small farm, carpenter shop, shoe shop, paint shop, mattress shop, brush shop, tinsmith shop, and the lawns, gardens, conservatories, etc., but notwithstanding this list of industries, there are at times a considerable number of unemployed patients who by watchfulness, care and constant effort could be made to interest themselves and thereby benefit themselves if we only had something for them to do. Some institutions I know make a specialty of several forms of unusual employment, and it is these unusual suggestive features which might be useful if adopted by other institutions who do not have them, that we wish to discover.

Dr. Hutchings — Mr. Chairman, it seems to me that in considering this paper of Dr. Smith's, the title of which is "Occupation and Employment of Patients," that it might be well to regard it as having a wider application than employment or work as we commonly understand that term. I should think that amusement and recreation should be included in this discussion. The object which we seek to attain in the employment and occupation of patients is to broaden their activities and substitute healthful for morbid ideas, and whether this be accomplished by means of work or amusements, as ball games and picnics, the result is equally good.

We have to contend with a class which is doubtless not unique at St. Lawrence. I refer to those who refuse to work and who,

when urged to employ themselves, say, "the State keeps me here, why should I do any work," or else "give me wages," and no amount of persuasion will induce some of them to do anything but sit around day after day on the wards perfectly idle. I trust that some one will offer a suggestion that will be of service to us in dealing with this class.

It is interesting to see what little things will sometimes arouse the interest of patients to take part in work, which before they refused to do or did unwillingly. Last year we were doing an extensive piece of grading at a distance of about a mile and a half from the central group. It was too far for the patients to walk back to dinner, so we had their dinners sent to them, and they ate it picnic-style, on the ground under the trees. They were much pleased with this novelty and the attendants reported they did better work and went more willingly than ever before. Novelty is often an incentive in the insane as it is in normal people. We make it an important point to get women employed out of doors as much as possible. They take their sewing out or play games, as croquet and tennis, though the latter to much less extent than one would expect. Apparently the quickness of thought and motion required to play tennis confuses them. What has pleased the greatest number of patients this summer were the small picnics which they have had almost weekly. The parties have usually gone up the river in a boat to a small island and there had lunch and spent part of the day.

Dr. Wagner — Mr. Chairman, Ladies and Gentlemen: The paper that Dr. Smith has read, although it may have seemed to some of us that some of the matters referred to were somewhat trite, I think if we carefully consider them we must come back to the belief that they are all important and they are always with us.

I think Dr. Smith struck the key-note of the whole subject when he referred to "simple occupations." I know that in some of the hospitals some rather high-class employment has been undertaken but it has seemed to me that the simpler the occupation the more readily it comes within the grasp of the patient, the better the result will be. The polishing of floors which he mentions is a kind of work which I presume we all have in abundance for our patients.

Dr Smith spoke of the wheelbarrow. This is unquestionably a useful vehicle for outdoor employment, but in addition to its ordinary uses we have found it available in another way. We

have repeatedly had patients who refused to do work of any kind, and in some cases we have actually wheeled the patients in the barrow to the scene of outdoor work. These patients would then sit down and do nothing perhaps, the first, second, or third day, but having been taken to the place where the work was going on several times they finally went to work and became valuable members of the working party. We have a great many patients of the melancholic type. Some of these patients we take into the shops and ask them to take part in the shop work. Sometimes they refuse at first but after a while they are induced to begin, for instance, the cane seating of chairs, and after an hour's instruction, or perhaps more, they find that they can do something, and as soon as they actually begin the work the idea seems to come into their minds that there is still a chance for them to get well, and I think the turning point on the road to health is often reached when the patient once realizes that it is possible for him to successfully carry on certain work. I remember a patient who was in my care who was very much interested in mechanical work and he made a novelty consisting of a platform with something like twenty-five figures on it, so connected that by turning a single crank these figures would move about in a surprising manner. I think this employment had much to do with his subsequent improvement and final recovery.

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I had another man in my care who some years ago made a complete steam engine out of all sorts of riff raff he found in our general repair shop, and although he has not fully recovered mental health he has become an industrious and valuable worker about the hospital. Then we have other patients who are allowed parole and who go almost every afternoon to the neighboring river with their fishing tackle. I think all of these occupations have been beneficial but I think the greatest benefit we have realized has come from the outdoor garden and farm work for a large class of our patients. Not only is the work these patients perform of great value to the hospital but the open air exercise improves their appetites and general health. It makes them rest better at night, makes them quiet and orderly patients, whereas under other conditions they would be more or less turbulent. I think Dr. Smith's paper has been timely and it certainly has been to me very interesting.

Mr. Chairman — I think Dr. Wagner raised a very nice point: whether it is more beneficial for the patients to work on the farm

and in the gardens or at the indoor industries. In the one case there is the advantage of outdoor life; in the other, perhaps greater mental activity and interest.

Dr. Howard—Mr. Chairman, assuming that considerable success comes to the efforts of every hospital in connection with outdoor work for men and women and for other amusement out of doors in pleasant weather, I will confine what I have to say to methods of developing indoor occupations during inclement weather which seems to me particularly important in a northern climate.

With many of the women fancy work and embroidery on canvas and other articles may be made in a hospital for the insane in connection with indoor occupation, and when that is a feature they will look forward to the annual exhibition of their efforts. The managers and friends go to the institution on that particular day and compliment the patients upon their efforts.

The development of competition on the several wards among the nurses and attendants in the matter of finding occupation for patients is also worthy of special mention. To accomplish this an excellent plan is to have a report sent in at the close of each week of the work done by patients on the ward. The attendants can be made to understand that those reports can be compared with like reports from other institutions in the State and that their efforts in bringing about success among the patients of their ward may be compared with the success of attendants in a similar ward of another institution. This plan develops a very remarkable degree of improvement in the amount of work done by patients on the wards.

Another point would be to encourage women patients to take an interest in ironing. I would urge that in every ward electric flatirons and an ironing board be placed so that the nurse may use them in having the patients iron their own clothing. When that is done it is a fact that a larger number of patients are found willing to take an interest in hand ironing and are willing to go to the laundry and help with the work there.

The school in hospitals for the insane might well be reconsidered. An old-fashion ungraded school is a most excellent means of interesting many patients and it is remarkable how certain patients who seem to have forgotten all will begin with the alphabet and get up to a certain point in this hospital school, when in a few days much comes back to them of their old school knowl-

edge. Experience with a few of those patients makes the physicians become very earnest in the desire to see if another patient might be benefited by such an effort. Quarterly
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The amusement hall at State hospitals provides a place where much can be done in calisthenics; in drills and marching which come into play during inclement days, and it is very remarkable how patients day after day improve physically and mentally after reaching a certain point in the drills.

We used to have an industry at the Rochester State Hospital which was very satisfactory to us for men patients in inclement weather, namely, the hand picking of beans, for say two hours in the forenoon and two in the afternoon. I regret to say, however, that our Joint Purchasing Committee has insisted upon buying the beans for the use of the hospital, hand picked. It is a matter for regret that we are unable to get a change in their methods in that particular, so that this indoor industry for men in inclement weather can be restored.

Mr. Chairman — I think Dr. Howard's last remarks suggest something else: to what extent machinery should be employed in hospitals when the same work can be done by hand?

Dr. Ashley — Mr. Chairman and Members of the Conference: I have been much interested in Dr. Smith's paper; also in the remarks by the preceding speakers. There can be no question about the benefits of occupation and amusement in the care and treatment of all classes of insanity.

We have, I think, in most of the hospitals, sufficient facilities and occupations varied enough to enable us to employ and amuse most of our patients, but I think our main difficulty is in finding employes who are sufficiently tactful, interested and earnest enough to give the amount of individual attention and study of patients that it requires to get them interested in some form of employment. I think it might be possible to overcome this difficulty to some extent if we had a little more discretion in the compensation of employes; if we could pay those who show a special interest in their work a little more than they would otherwise get, it might stimulate them to try to do even better. I do not believe that calling for reports of work done daily would serve any very good purpose. For the patients, I think there should be some slight reward other than the small amount of smoking and chewing tobacco which is given to male patients for their

labor; a small sum of money weekly or monthly, even a very small amount that they might use for the purchase of little luxuries, would, I think, stimulate them to work, especially those who absolutely refuse to work otherwise. I find that an extra necktie occasionally or a starched collar for the men, and for the women an extra shirtwaist done up once a week is often sufficient to induce some patients to work. Care should, of course, always be exercised to prevent patients from overworking or becoming greatly fatigued. If possible sufficient interest in work should be aroused to make labor a pleasure rather than a task, for, as is well known, the real benefits from work come where there is a healthy interest in what is being accomplished.

Dr. Arthur — I have been especially interested in inducing those patients who have been transferred from city institutions to do some work, and especially those who have not been in the habit of being employed to any extent whatever, or particularly, in outside work. Many of these patients we have induced to work in the garden or on the farm and have noticed what a great improvement the open air and exercise often causes in this class of the insane. I have in mind many transfers from city hospitals that we have been able to send to their homes, not recovered, but very much improved, and they have lived at home ever since, and we ascribe this change for the better to the change in their life — that is, the work and exercise in the open air. These patients I refer to are those that have been in city hospitals for a great many years.

We have an employe, a shop foreman, who is very tactful and uses splendid judgment in persuading this class of patients to work and in many cases he is successful where no one previously has been. On account of the success of this one man, which illustrates the difference in attendants as to their interest in their patients along these lines, I have often thought that it would be advantageous to make it an inducement by paying extra to certain attendants, who are especially adapted to this work, to make it their principal duty in initiating patients to work.

Dr. Palmer — Mr. Chairman, I have been quite interested in listening to Dr Smith's paper, and, I believe, as I think everyone believes, that occupation is of the utmost importance, if not the mainstay in the treatment of inmates of hospitals for the insane. Dr. Smith had considerable to say with regard to the selection of

occupations for the patient. I think that is a very important thing and while Dr. Smith says it need not always be an occupation that the patient has been conversant with, from the medical standpoint I believe that it is essential to have the patient interested in the employment which he is given. The improvement to the patient, particularly mentally, is much greater if he can be interested in his work, than it is if he is given some employment in which he does not develop an interest but goes about in a perfunctory way because it is expected of him or he is made to think he has to do it. Quarterly
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At Utica we have a number of industries as you all know and I think Dr. Hurd enumerated most of them. These employ quite a number of patients. In the selection of patients for work I think it must be the experience of nearly all that some special work is best suited to each patient. I think a great many times we take a patient and put him at a piece of work because he is the most available patient.

Dr. Hurd said also there often remained a large number of patients whom it seems almost impossible to employ because of their utter indifference and because of their mental state. There is a large class of demented cases who have gotten to the stage where their employment is purely perfunctory and who require constant direction in order to accomplish anything that is useful, and that is another point I wish to make on Dr. Smith's paper. I think the employment in all cases should be useful; something to do in this manner to-day and that manner to-morrow, which does not show a useful result, is a plan to be avoided as much as possible.

Another thing one of the superintendents mentioned was the question of oversight of attendants. There is considerable difficulty in obtaining attendants who will give proper attention to patients in directing their occupations. They always wish to accomplish something, but if it is to be done by a number of patients, who do not have the requisite amount of tact, they feel discouraged and inclined to give it up or let it go on as it will, rather than to show an eagerness to instruct the patient, and the cry is heard many times, "we cannot do this work with this class of patients or that class; we need a hired employe."

One matter of occupation that I would like to receive light upon is the employment of women. Women, of course, are naturally inclined to sit indoors, even on bright, pleasant days, when they could be out to work. Some years ago we established a colony for

women, about one or two miles from the institution, consisting of a small farm-house and garden, and about thirty women were located there, where they could look after the chickens and cultivate the garden, but our actual experience was that the women would not go out of the building to employ themselves in the open air. We employ women to pick peas, beans and garden vegetables during the summer and early fall, but we need some form of employment that will take the women out of doors more than at present. As a matter of compensation for services we have heard that tobacco serves very well as a means to obtain work from the men patients, and if some kind of fancy work could be supplied to the women, as they seem to enjoy sitting down after their active labor is over and working on a piece of embroidery, it might possibly be advantageous.

Mr. Chairman — There are many points in relation to the employment and occupation of the insane that I am sure must occur to managers of the institutions, so we shall be very glad to hear from Mr. Manro and Mrs. Acker.

Mr. Manro — Since I have been connected with the Willard State Hospital, I recognize the fact that the patients having occupation are healthier and quieter than those without. I recall a case of a patient who while on the wards was very much excited and caused much trouble, but while on the farm working during the summer months was not disturbed. We have some difficulty in getting enough patients to work on the farm, as our district is smaller than it was, and we have many transfers from the city hospitals. Some of these patients are not in condition to work. I remember the transfer that we had before the last there were six blind men, not much could be expected of them. I hope the New York hospitals when sending us patients will not send the blind and halt, as we are in a farming district. I am heartily in favor of occupation and amusement for patients, and I hope that more will be done along that line.

Mrs. Acker — I have been exceedingly glad to hear this paper, and there are many thoughts in it that I should like to comment on. In Dr. Smith's paper he suggested that it was not desirable to keep patients always employed in labor that needs to be done, and I think with him that the tasks ought to be chosen because of advantage to the patient quite as much as of work to be accomplished.

Superintendents are, of course, so impressed with the necessity of getting *outside* work done as well as keeping the men busy, that I need not speak of that; but for the occupation of the women — I wish they might be kept more busy out of doors — and I have wondered why they might not be interested in the care of small stock or, if that is not practical, whether those who would be most benefited might not be interested in the care of pets such as most of the institutions having farms as we have at Willard, might keep for the pleasure of all.

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I had recently a letter from one of our patients at Willard in which she said: "You think you are doing enough for us by letting us sit down out of doors, but whenever one gets up or stirs about, we hear 'sit down, sit down,'" and then, in a plea for opportunity to exercise, she wonders if they could not have a certain place screened with a high fence, if necessary, so they could run and play if no work could be found for them out of doors. Of course that is not practicable, but exercise in some form would certainly be helpful.

Some form of incentive to work has been suggested; we have a patient at Willard who makes seven beds every day for five cents a month and who would not make her own without it. If we had a small fund from which to buy extras — as fruit and candy, might it not be a legitimate incentive? I know Mercier suggested it.

We also have at Willard a great many women who really cannot do any sewing of any value and are too old to learn new ways, so the managers have taken pains to take some twenty-five or thirty pounds of old-fashioned wool, pink, purple, blue, etc., and these worsteds are used in making tidies and sofa pillows, and patients who, if idle would be an annoyance on the wards, become tractable when kept busy. To be sure this is occupation rather than employment, but if superintendents and managers tried their best to encourage patients in work even of this sort I believe we could do much more than we do to avert idleness.

Dr. Dewing — I have always been impressed with the fact that the simpler forms of employment were of more importance than employment of a more complicated character because so many more patients are enabled to engage in the simpler forms of work. There are many patients who can do nothing more complicated than pushing a polisher on the floor. It seems to me that the greatest accomplishment is in devising new things for patients to

do who are only able to do the simplest kinds of work. Of course the pushing of a polisher on a floor is always available, and so is the wheelbarrow at a hospital like Central Islip, but it seems to me that the most difficult problem is the furnishing of suitable employment for women, and for both men and women in the winter time and in bad weather. It seems to be a small problem in a hospital like Central Islip to provide organized employment for patients in good weather, but in an institution where the resources of the farm are not available it is a very difficult problem. At the Long Island State Hospital we have recently been engaged in teaching both men and women patients basketry and raffia work, and to giving instruction in fancy work among the women patients; also embroidery and crochet work, in fact all the simpler forms of fancy work.

Reference has been made to getting the women out of doors. That reminds me of a little experience I had at Kings Park. Of course we always employed them at the proper season in picking berries and gathering peas and beans from the garden. Then we tried to get them to cultivate flower beds, and some of the women who took a little more interest than others, each had a flower bed to cultivate, but after all that work is available only for a limited number, so we tried to get that class who were physically able, but mentally unable, to do complicated work, to use the lawn mower and roll the lawns with a lawn roller, and we nearly had a riot. I think the difficulty lay in the belief women have that that kind of work is not their proper work. I believe that is wrong. It should be their work by reason of the benefit to them, but that prejudice is strong among the patients and especially among women attendants. I presume if we had succeeded in getting attendants to take a different view of the matter we might have been successful, and I think we failed right there.

I think mention has been made of calisthenics, which might be mentioned as occupation. I believe that physical culture properly handled is of very great value both to men and women. We have two classes daily, one for men and one for women, and they have been of the greatest possible benefit.

Dr. O'Hanlon — Mr. Chairman, the occupation at Kings Park does not differ materially from what has already been stated.

Dr. Dewing has covered our experience with the women patients, and since that time we have made no particular attempt to get them at the lawn mowing work or work of that kind out of

doors. The prejudice created at that time was so great among some of our oldest employes that they preferred to give up the position rather than to continue in that way. Quarterly
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We have for the women at Kings Park a sewing school similar to that in vogue at the Pratt Institute, which meets twice a week during the winter months and closes early in June with a picnic and exhibition of articles made with the giving of a prize. We have little difficulty in getting patients who otherwise would not employ themselves to attend this class and these, by the time the course is completed, are able to enter the sewing-rooms and tailor shop and give the hospital the benefit of their training.

Mr. Chairman — If I may be permitted, I would like to supplement Dr. O'Hanlon's remarks with a report made to me some time ago by Dr. Craig, the woman physician referred to:

“ With a desire to provide an afternoon's diversion for so-called ‘ recent cases ’ in the reception service a sewing class was organized at this hospital during the fall of 1899. From the beginning the class was so successful and the work so heartily entered into by all that its possibility for good as a remedial and economic measure to the individual and the hospital was at once apparent. Its scope was then enlarged and two classes were formed; one whose members came from the receptive service, the other from among the chronic and demented — each class numbering about forty. As it was the intention to instruct them systematically, beginning with the most simple rudiments of sewing — threading the needle — and advancing to the more complex — there were no entrance requirements and no case was considered too hopeless for admission.

Books containing samples of the work to be done, with printed instructions of how to do it, were provided; ordinarily each page in the sample book representing one lesson — each member of the class doing the same piece of work on the same day. The materials, etc., necessary for each lesson being gotten in readiness in advance of the hour of meeting by the person who was selected to have charge of the class, and in this respect we were especially fortunate in having among our corps of nurses a young woman who had taken a course in sewing and so was well adapted to organize and successfully execute the work. The meetings were held two afternoons each week in convenient assembly rooms — sufficiently large to accommodate the class — cheerfully furnished and provided with pianos. After the lesson was over, the work

was collected and properly marked with the name of the maker and carefully put away until such time as the course was completed; light refreshments were then served, consisting of coffee and sandwiches or lemonade and cake, after which dancing was indulged in for a short time.

The course of instruction, as may be seen from the sample book, advanced from the threading of the needle, matching of stripes crossways and bias, overcasting, seaming and felling, to hemming, hemstitching, ruffling, tucking, sewing on hooks and eyes with the buttonhole stitch, making buttonholes, etc., etc.

At the end of the year's work a picnic was held in one of the groves, the class acting as hostesses, inviting their guests from among their ward associates — displaying their work, serving refreshments, singing, dancing and indulging in other amusements that passed the day pleasantly. Prizes were then awarded to the two members of the class whose work was best done.

During the last three years, some suitable garment, which became the personal property of the maker, has been made by each member of the class and entered in competition for the prizes in addition to the samples; otherwise there has been no material change in the course of instruction or method of carrying on the classes since they were inaugurated.

In closing this report it is only necessary to add briefly the result of systematic training received by the members of these classes has been far reaching in its effect for good, both in the individual and the hospital, aside from enabling the entire class to pass many pleasant hours apart from the routine and limitations of ward life, it has undoubtedly hastened improvement in many and tended to promote recovery in several, whose improvement or recovery had previously been considered unpromising. It has also enabled us to supply permanent workers to the industrial departments, who, except for the training, would have continued in or joined the ranks of the chronic idle, untidy or destructive class, already a hopeless majority in all of the hospitals, whose number should and can be reduced by persistent and systematic effort.

The number of patients who have received instruction in both schools in five years is 401.

1. Number of patients who have received instruction in the sewing school for curable patients.....	180	Quarterly medical conferences
Number of these who have been discharged recovered or improved	20	
Sixty others have recovered or improved to whose recovery the school evidently contributed.....	60	
Number of those who did not leave the hospital, but became useful workers.....	82	
2. Number of patients who have received instruction in the sewing school for incurable patients.....	221	
Number of those who were ordinarily idle previous to instruction	50	
Number of idle patients who became useful workers...	40 "	

Dr. Meyer — The question interests me from a further point of view not so far mentioned. There are some more direct reasons why employment and occupation are very correctly called the mainstay of treatment of mental disorders.

Those who have followed the clinical studies of the last few years will realize that there is not merely a trivial connection between the practical experience with occupation and the theoretical conceptions of psychopathology. The investigation of that group of mental disorders which fills our hospitals more than any other, that of dementia praecox, has led me to see more and more that we cannot understand the disease in more profitable terms than as a disorganization of habits. If that is the case what is the natural inference? That occupation, the ideal method of hygienic application of what the patient is capable of, is at the bottom of the success of the treatment of a large number of the insane. Our aim must be to study the disorders from that point of view, not neglecting what auto-intoxications we *may* find, or the use of the microscope, as Dr. Smith put it, but certainly not neglecting the patient's faulty ways of applying himself. A good status and record must serve as a first step towards getting the instincts and capacities and interests of the patient adjusted. If it does not become helpful and stimulating in these directions we can say without hesitation that the work was not done as it ought to be done.

Riklin, in his paper on improvements by transfer has shown how even delusions can be used as a means of adjusting the patient's life to profitable application. With the concept of substitutive faulty activity as the keynote of the disordered mental

life of many of our patients, we make a decided step toward bringing the study of our cases on a ground of most stimulating usefulness. It is bound to lead to the proper recognition of the most talented physicians and attendants, and to principles which will keep the waves of occupation above the fate of temporary fads.

It is to be regretted that the centralization of industries has taken away from most of our hospitals such helps as the printing-press, through which a great deal of good can be done with proper management.

The paper of Dr. Smith and the full discussion will certainly help greatly the cause of both practical psychiatry and psychopathology.

Dr. Doran — I was greatly interested in listening to Dr. Smith's paper and also in listening to the discussion of his paper.

I had some points in mind which I thought might be mentioned but they have all been pretty thoroughly covered by the gentlemen who have preceded me. However, I might say that I was particularly interested in what Dr. Smith had to say about the system of classification of working patients at Central Islip. That is a matter which has probably not been given the same attention in any other hospital, and I think possibly if it were given as much consideration elsewhere that a greater proportion might be engaged in some profitable occupation.

At Willard, of course, we have excellent facilities for employment at outdoor occupations. The farm is something like 1,240 acres in extent and of that area something like 900 acres are under cultivation. In order to take care of that large amount of land a large number of men patients are employed. Fifty per cent of all the patients at Willard, not excluding the infirm of both sexes, are engaged in some useful occupation. Excluding the infirm, the proportion employed is considerably over fifty per cent.

As far as outdoor occupation for women is concerned we have had very little experience at Willard. Our experience has been somewhat similar to that at Kings Park and Central Islip, I imagine. During the summer, when proper occupations are available, we have women engaged in picking berries, peas, etc., and for the last few years they have been engaged in the vineyard. We have had a party of women patients out every day during a certain part of the season employed in tying up the vines. We have no trouble in getting the women attendants to do this work. I think, as Dr. Smith stated, if the attendants could be made to

give more attention to getting the patients to take an interest in outdoor work, more patients would be employed. Even under the best conditions, however, there are always quite a good many patients who cannot be induced to engage in any work.

Dr. Howard mentioned the patients' school. For a number of years we have had a school which has been very successfully carried on.

Mr. Manro spoke of the transfers to Willard and their effect on the working population, and I think that the proportion of farm workers at Willard is less now than a few years ago. I presume that it is due, to a certain extent, to the transfer of patients from city hospitals who are not familiar with farm work.

Dr. Mabon — Mr. President and Members of the Conference: Reference has been made to the transfer of patients from city institutions, and I suppose Ward's Island is included in that number. Many of the patients who come from there are familiar with garden work and I think three hundred of our patients are thus employed. Of course, you all understand that it is a rule to transfer patients whose friends do not call upon them.

I assume that every superintendent is interested in providing suitable employment for his patients. In regard to the employment of patients, I think some new line would be better for some of them than their old line of employment. I find that many of these patients are better kept at work about the grounds and in the green-houses. Other patients work in the shops and upon other new lines of work. It seems to me that by giving some patients different kinds of work, more benefit can be obtained. Then there are patients who will not work. I think some one should examine into their condition, which may reveal the cause of their not working. I mention this because I know of three or four patients who developed into good workers as a result of the radical operation for hernia.

The occupation of women is an important part of this discussion, and it seems to me that various forms of employment can be followed by them. In the first place, during the spring and early summer they can pick the vegetables and small fruits, and those patients who are unable to do very much can pick hair and tie rags together for rugs; they can make the mattresses, as is done at Manhattan for women patients; they can make baskets and brooms and do other work of that character. They also at Manhattan cane the chairs and do work like that.

At the St. Lawrence State Hospital there were a few women patients who would never do any work, except about the annual fair time, and in arranging for this it was found they would keep busy for a time.

I think it is necessary for the superintendent to keep in touch with the supervisors. At Manhattan a number of patients who are unable to work are sent to an old reservoir to take off bricks and carry them away, and thus many of them develop into workers and assist masons. It is necessary to have some one in attendance to oversee and develop this work, and I believe it should be the policy of the State to compensate those employes who are able to show particular skill in that direction. The suggestion made of special attendants is a very good one.

Mr. Chairman — What effect do you think the introduction of some such system would have upon the economical management of the institution?

Dr. Mabon — It would be a little expensive, perhaps, as it would cost a little more than it does at present, but leaving out the economical side, I think it would have a stimulating effect upon the institutions and inmates.

In reference to the remarks of Dr. Meyer, I am not prepared to discuss the situation, but I think the doctor is correct in the statement as to the forming of new habits; but I believe this should be done before the patients come to the institution. I am not prepared to say that the institutions can properly take up this line of work.

Commissioner Viele — Gentlemen, if you will let me say one word, it has occurred to me in our visitations that there is one temptation that is always with the superintendents, and that is to take the patients to do work who are best adapted to do it. Consequently there is a tendency to choose the man who is best adapted to the work instead of using as many people as possible for their advantage.

I was very much struck in one hospital by one of the younger physicians telling me that he found pleasure in trying to see how many patients could develop some amount of mentality and capacity to do some work. He impressed me as a man who understood his position, and I went into the subject a little and made one or two inquiries and the result was that at the next visit I asked him to state the success of his experiment and he told me

that he had found only ten people in his charge who did not recognize the dinner bell and know what that meant.

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Commissioner Parkhurst — I don't know that I have anything to say, except in one particular, and that is in all these institutions it seems in the occupation and employment for patients they should follow lines on which they are familiar, because in that way that class of patients is profitable to the institution. I think that is one way in which we can interest the patients. Since we have carpenters, painters, masons, shoemakers and other people in various employment it should not be difficult to carry out this method, and thus the patients would not only receive much benefit but also be profitable to the institution.

Mr. Chairman — Mercier, in his book, says that one of the features of asylum management which is least considered is the occupation of patients, and, therefore, it is least effective. This does not seem to be true of New York State which is well ahead in regard to this.

It is encouraging to hear from Dr. Meyer that the clinical aspect of the work is so close in accord with our practical methods of treatment based on experience. This should be a great stimulus. I think one of the difficulties is that we doctors do not take enough interest in patients' work. We take a certain interest, but not a sufficiently active and intelligent interest in it as a definite therapeutic resource. That is perhaps a matter in which we can make some progress.

In connection with this subject I would like to say that during a recent visit to Massachusetts I visited a colony of the State School for Feeble-Minded at Waverly. During the past three or four years a tract of 2,000 acres of hilly, largely wooded country, has been acquired by the school and there a number of the feeble-minded young men have been colonized. The plan is being carried out very systematically and carefully, and is only for those who have received previous training. This is considered essential. At present there are about 200 in the colony. There are four farms which are managed entirely distinctly one from the other so as to create a certain amount of local interest or friendly rivalry. There are fifty men at each place. Each farm is in charge of a man and his wife. The man is a practical farmer who has previously been employed at the institution at Waverly so that he is thoroughly familiar with the work of caring for the feeble-minded.

The wages this man and wife receive is \$1,200 a year, and there are also other employes. It is very interesting indeed to visit this place. One sees the patients clearing up the rough land, cutting the trees down, removing stones and preparing the land for cultivation. They are comfortably housed in the farm houses and detached dormitories. These patients could not live outside of an institution without supervision. Many of them under ordinary institution conditions would be destructive and offensive. Dr. Fernald, the superintendent of the school, has had experience in an institution for the insane and is convinced that similar methods could be employed equally successfully with a certain proportion of the insane. He thinks that institution organization and methods should be avoided and the conditions made as nearly home-like as possible.

There are many other points that might be discussed. I will, however, merely emphasize the desirability of industrial groups. I have seen patients go to work when they were placed among other working patients who would work under no other conditions, and it seems to me we should keep that resource in mind in our classification. Then we must train our nurses to be of more definite and real assistance to us in the application of occupation as a therapeutic measure. It should be a feature of the training schools.

Has anyone anything else to say with reference to Dr. Smith's paper? If not I will ask Dr. Smith to close the discussion.

Dr. Smith — Possibly I did not cover the different kinds of occupation that I should in my paper, but feel that this omission has been well covered in the discussion.

In the matter of floor polishing, I do not want it to be understood that all patients are put at this occupation at first; only the most stupid and deteriorated are started at this, as well as pushing lawn rollers and carts filled with sand, etc. Of course in the matter of floor polishing we have to watch to see that the patients are not kept at this work too long but are advanced to a higher grade.

In the employment of women patients at outside work we have the same trouble as you all. We put them in the gardens picking berries, beans, peas, watering and weeding flower beds. We have had the women patients use the lawn mowers with no objection on the part of patients or nurses, but it was very bad for the machines as they would not avoid stones or obstacles.

As to the matter of pay as a reward for occupation, I think such a system once started would become contagious and we would get nothing done by the patients without a reward of money. We feel that it is part of the medical treatment, and patients, as far as possible, are made to understand that it is for their personal benefit with an ultimate reward of improvement or recovery.

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I feel that all points of the subject have been well covered by the discussion and thank you for your kind treatment of my paper.

Mr. Chairman — Commissioner Viele wishes me to announce that superintendents having special estimates or otherwise for the consideration of the Commission should remain in town until they are considered.

There are two or three reports to be presented. Do you wish to proceed with them now or adjourn until afternoon?

Dr. Mabon — Suppose I read the report of the committee to confer with the Education Department in regard to the registration of nurses.

September 10, 1907.

To the Conference of State Hospital Superintendents with the State Commission in Lunacy:

GENTLEMEN.—At the July, 1906, conference of the Superintendents of State Hospitals with the State Commission in Lunacy, the undersigned were appointed a committee to consider the question of the registration of graduates of State hospital training schools.

Your committee several times has met in conference Dr. Howard J. Rogers, First Assistant Commissioner of Education; Dr. Russell, the advisory member of this committee; Dr. Howard, a member of the committee on Training Schools of State Hospitals; Miss Alline, an Inspector of Nurses' Training Schools for the Department of Education. At the final meeting held on June 5, 1907, the following points were considered:

First. The qualification for entrance, which is stated in the hand-book of the Department as "one year in a high school, or its equivalent." This was thoroughly gone over and finally a number of questions were submitted to the Department for their decision as to whether these questions, with the rating for fitness

made by the hospital superintendents, would meet the requirements of the Department, and an arrangement to this effect was agreed upon for the then pending examination for entrance.

Second. On behalf of the State hospitals, we asked for representation on the Board of Examiners. This board is composed of five members appointed by the Regents upon the recommendation of the New York State Nurses' Association. They submit to the Board of Regents two names, from which one is selected to serve five years. It is the unanimous opinion of your committee that the State hospitals should be represented on this examining board, and the representative of the State hospitals should be the superintendent who is chairman of the committee on training schools.

It was pointed out at this time that it would be impossible to appoint a superintendent, owing to the wording of the statute, and a change was, therefore, suggested in the law. Whether it is desirable to make this change was not determined. If it is not made, a representative would then have to be a graduate of one of our training schools, who is a member of the New York State Nurses' Association. We understand that the number of our graduates who belong to this association is limited. If we should suggest any names, they should be those who have had experience in the training of nurses in the State hospital schools. At one time the regulations of the Department of Education did not allow the appointment to one of these positions of one who is engaged in teaching in training schools, but this regulation has been changed. The whole question will eventually have to be passed upon by the New York State Nurses' Association, and we were led to infer there would be no objection to such an arrangement. We believe that, however appointed, the person selected should be the choice of the conference of superintendents, or the training school committee.

Third. The following modification was suggested in reference to the training in obstetrics, namely, three cases instead of six, instruction with the manikin, and the consideration that post-partum cases, or in other words, cases of insanity occurring at the puerperium requiring obstetrical after-care should be considered as cases of obstetrics, outside of the three above mentioned. This would mean, therefore, three cases of obstetrics with the care of the infant, and at least three cases without the care of the infant. This modification was agreed to.

Fourth. It was suggested that the experience with children should not be insisted upon, but that they should get such practical work and theoretical instruction as we could give, following the syllabus of the Department, but that the examination for registration must be taken. Quarterly
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An advisory body similar to those in connection with the supervision of the Education Department over their educational work is contemplated, and we would recommend that a representative of the State hospitals should be a member of this.

We would further recommend that in the course of instruction, the syllabus issued by the Department of Education should be followed in connection with our own outline.

Finally, we would recommend that schools not registered should take steps to register, in order that the arrangements for examinations and co-operation with the Education Department by the committee on training schools will be uniform and applicable to all.

Respectfully submitted,

WILLIAM MABON
R. H. HUTCHINGS
WM. L. RUSSELL

Committee

Mr. Chairman — You have heard the report, what will be done with it?

Dr. Arthur — I move its adoption.

Dr. Dewing — I second that motion.

The motion was unanimously adopted.

On motion of Dr. Mabon, adjourned until two o'clock.

AFTERNOON SESSION

Mr. Chairman — The meeting will please come to order. We will proceed with the reports of committees, and I will call on Dr. Hutchings, as chairman of the committee to revise the statistical tables and to make recommendations in regard to the manner of making the annual reports.

Dr. Hutchings — Mr. Chairman and Gentlemen: This committee consists of Dr. Russell, Dr. Meyer and myself, with Drs. Mabon and Pilgrim as advisory members.

REPORT OF THE COMMITTEE ON ANNUAL REPORTS

This committee was appointed at the January conference, and has had ample time to consider this question, and has been in correspondence with all the members here present and a number of others interested in this work, and takes this opportunity to extend thanks to those who have offered suggestions, many of which have been of great assistance to the committee, particularly Dr. William Mabon and Dr. Chas. W. Pilgrim, who constitute the advisory committee.

The subject naturally groups itself into two subdivisions. First, the text of the annual report, and second, the systematized collection of useful statistics with reference to the causation, course and termination of insanity. As to the text of the annual report the committee finds great variation in the reports from year to year, even in the same hospital, not only in value and interest but in scope. In order to inform itself fully as to the subjects actually discussed in the report, a large number of American and Canadian reports have been reviewed and an effort was made to establish a table showing the frequency with which certain features of hospital work are referred to, but owing to the great variations mentioned this was found impracticable. With the exception of changes in medical staff, acknowledgments, amusements, improvements during the year and requirements for the coming year there were hardly any topics referred to with sufficient regularity to make a comparison of value. The committee believes that the annual report should be a summary of the work accomplished during the year, and must, to be accurate, cover every department of the institution at the expense of repetitions from year to year. While fully appreciating that, stereotypy should be avoided and the fullest degree of latitude allowed in the subject-matter of the report and in the method of handling it, it seems apparent that comparisons of one hospital with another would be exceedingly useful and interesting, and in order to make this possible a certain outline should be agreed upon covering those topics which will be regarded as essential. It will also be desirable and would facilitate comparison to have the subjects treated by each hospital in the

same order. The committee presents the following outline as representing its conclusions:

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OUTLINE OF ANNUAL REPORT

1. The Managers' Report.

- (a) A summary or review of the twelve monthly reports submitted to the Governor and the State Commission in Lunacy condensed into a narrative form and giving results of inspections made and the sanitary condition of the institution, with recommendations and comments that may be suggested.
- (b) Comments on the capacity and accommodations, with appropriate remarks, particularly on the subject of overcrowding in the wards, dining-rooms and dormitories, with suggestions for remedying it. Statement regarding the standard of care maintained in the institution, with recommendations with reference to board, clothing, furnishings, amusements, etc.
- (c) Report of after-care work, if any.
- (d) New buildings proposed, with necessity and probable cost. Extraordinary improvements made and recommended, with particulars.
- (e) Reference to changes in board of managers and officers.

2. The Superintendent's Report.

The report of the Superintendent should present in a concise and readable form the results of the operations of the institution during the year, devoting space to the several departments in proportion to their interest and importance, bearing in mind that the care and treatment of patients, and the adequate handling of the problems of insanity are the sole purposes for which the hospital was established. Subordinate and correlated subjects having to do with economy and efficiency of administration should receive that degree of attention in the report which their importance throughout the year warrants. The reports should therefore, the committee believes, refer to all of the departments to the extent necessary to explain their conditions and needs, their interest, and their relations to the accomplishment of the main purpose of the hospital. As in administration all other matters must be subordinate to those

which relate most intimately to the care and treatment of the patients, and the handling of medical problems, so in the report a similar subordination should be shown; the departments being referred to in such relations and terms as to make plain to the average reader the relation which each bears, and the efficiency which each shows in accomplishing the object for which the institution is maintained.

The report should not be regarded as a perfunctory document made out to comply with the provisions of the law, but rather as a favorable opportunity to present to the Commission and through it to the public a review of the operations of the hospitals for the year. For this purpose material should be prepared throughout the year, and only the final arrangement and summing up should be left for the end. There should be ample opportunity for comments and recommendations, and for the expression of observations and conclusions based upon the year's experience.

In presenting the following outline of the superintendent's report the committee wishes to emphasize its conviction that such an outline can only be useful in establishing a minimum. In other words that every report should include at least the subjects enumerated in this outline, but may include in addition whatever has proven of interest to the superintendent and staff during the year:

Outline for Superintendent's Annual Report

- (1) Brief statement showing the movement of the population, the recovery and death rates.

- (2) Statement in reference to the admissions, with such comments as seem appropriate.

Included should be:

- (a) Table of diagnosis.

- (b) Such other tables, summaries and brief reports of studies as seem useful. (Reference may here be made to more elaborate reports and studies published in the Bulletin and elsewhere.)

- (3) Statement in reference to the discharges, with comments.

Included should be:

- (a) Table of diagnosis, showing also condition on discharge and disposition of the case.

- (b) Such other tables, summaries and brief reports of studies as seem useful. Quarterly
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- (c) Statement as to paroles, after care, etc., with comments.

(4) An account of the health of the population during the year.

Included should be:

- (a) Table showing the forms of physical illnesses and number of sick cases treated, with comments if thought necessary.
- (b) Table showing surgical operations, with comments if thought necessary.
- (c) A statement of the work of the ophthalmologist, dentist and other specialists. (Special reports may be placed in the appendix and referred to.)
- (d) A statement in regard to epidemic diseases.
- (e) A statement in regard to accidents, suicides, escapes, etc.
- (f) A statement in regard to sickness among the officers and employees.
- (g) References to sanitary considerations, from the mental as well as the physical standpoint.

(5) A statement in regard to deaths.

Included should be:

- (a) Such summaries and comments on the causes of death as seem called for.
- (b) A statement as to the death rate, with such comparisons and comments as seem useful.
- (c) A statement in regard to autopsies.

(6) A statement in regard to the activities of the patients during the year, with an account of their occupations and amusements, religious services, etc. (Tabulated statements may be placed in the appendix.)

(7) A statement in regard to the medical administration of the hospital during the year, with special reference to the work of the assistant physicians.

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Included should be:

- (a) Reference to the work of the staff conferences.
 - (b) An account of interhospital meetings held at the hospital. (References to the proceedings or papers published elsewhere should be made.)
 - (c) An account of any special studies. (Reference to papers or reports published elsewhere should be made, and special articles and tabulated statements may be placed in the appendix.)
 - (d) Reference to work in the laboratory.
 - (e) A statement in regard to changes in the organization and methods of the staff work, with comments as to efficiency, etc.
 - (f) A statement in regard to the medical library, medical and surgical equipment, and any new methods introduced. (Tabulated statements may be placed in the appendix.)
- (8) A statement in regard to the training school for nurses and the nursing service in general. (Report of the principal of the school, with tables, should be placed in the appendix.)
- (9) A statement in regard to the general administration of the hospital.

Included should be:

- (a) Such references to the financial affairs of the hospital as seem necessary. (Tabulated statements and reports to be placed in the appendix.)
- (b) Such references to the general stores and supplies as seem necessary.
- (c) References to the dietary, clothing and ward supplies, and of the departments having especially to do with them.
- (d) Reference to work done in connection with the care and repair of the buildings and furniture, with the heating and lighting and with all renovations, improvements, additions, care of the grounds, management of the farm, etc.

- (e) References to new equipment of any department.
- (f) References to changes in the organization and methods of any department, with comments as to efficiency, etc. Quarterly
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- (g) A statement in regard to the movement of employes and the standard of service. (Tabulated statements may be placed in the appendix.)
- (10) A statement in regard to the needs of the hospital and its physical condition, with comments. (Tabulated statements to be placed in appendix.)
- (11) Reference to official and distinguished visitors.
- (12) A statement as to appointments, promotions, resignations, deaths, etc., with comments, if necessary.
- (13) Acknowledgments.

Appendix

To include:

- (1) List of books and pamphlets received by the medical library.
- (2) List of accessions to the laboratory, medical and surgical equipment, etc.
- (3) List of medical papers written by members of the staff, with reference to publications, etc.
- (4) Report of the principal of the training school for nurses, and matron.
- (5) Table showing movement of employes.
- (6) Tables showing the occupations of the patients, including articles manufactured, and numbers employed in different kinds of work.
- (7) List of entertainments.
- (8) Accessions to the patients' library.
- (9) Reports of the steward and treasurer, giving tables showing the financial operations of the hospital, and the work of the various departments.

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- (10) Tabulated statement as to construction work, etc., done during the year.
- (11) Tabulated statement of needs.
- (12) Such other tables, reports, articles, special studies, lists, etc., as may seem desirable.
Including Tables 3 to 7, inclusive.

PROPOSED TABLE OF OCCUPATIONS

(Modified from U. S. Census Report. To be used as a guide.)

Agricultural Pursuits

Agricultural laborers, wives and daughters.
Dairymen, wives and daughters.
Farmers, planters and overseers, wives and daughters.
Gardeners, florists, nurserymen, wives and daughters.
Lumbermen and raftsmen, wives and daughters.
Stock raisers, herders and drovers, wives and daughters.
Wood choppers, wives and daughters.

Professional Service

Actors, professional showmen, wives and daughters.
Actresses and showmen.
Architects, designers, draftsmen, wives and daughters.
Artists and teachers of art, males.
Artists and teachers of art, females.
Clergymen, wives and daughters.
Dentists, wives and daughters.
Electricians (civil engineer) and surveyors, wives and daughters.
Journalists, wives and daughters.
Journalists, females.
Lawyers, wives and daughters.
Musicians and teachers of music, wives and daughters.
Musicians and teachers of music, females.
Physicians and surgeons, wives and daughters.
Physicians and surgeons, females.
Teachers and professors in colleges, wives and daughters.
Teachers and professors in colleges, females.

Domestic and Personal Service

Barbers and hairdressers, wives and daughters.
Barbers and hairdressers, females.
Boarding and lodging-house keepers, wives and daughters.
Boarding and lodging-house keepers, females.
Hotel keepers, wives and daughters.
Laborers (not specified), wives and daughters.
Launderers, wives and daughters.
Laundresses.
Nurses and midwives.
Nurses, male, wives and daughters.
Nurses, female.
Restaurant keepers, wives and daughters.
Saloon keepers, wives and daughters.
Bartenders, wives and daughters.
Servants and waiters, wives and daughters.
Servants and waiters, females.
Housekeepers.
Prostitutes.
Stewards, wives and daughters.
Soldiers, wives and daughters.
Sailors, wives and daughters.
Watchmen, policemen, firemen, wives and daughters.

Trade and Transportation

Agents, wives and daughters.
Agents, females.
Bankers and brokers, wives and daughters.
Bookkeepers and accountants, wives and daughters.
Bookkeepers and accountants, females.
Clerks and copyists, wives and daughters.
Clerks and copyists, females.
Stenographers and typewriters, wives and daughters.
Stenographers and typewriters, females.
Commercial travelers, wives and daughters.
Draymen, hackmen, teamsters, wives and daughters.
Foremen and overseers, wives and daughters.
Hostlers, wives and daughters.
Hucksters and pedlars, wives and daughters.
Livery stable keepers, wives and daughters.
Merchants and dealers (exc. wholesale), wives and daughters.

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Merchants and dealers (wholesale), wives and daughters.
Messengers and errand and office boys.
Officials of banks and companies, wives and daughters.
Packers and shippers, wives and daughters.
Porters and helpers (in stores), wives and daughters.
Railroad engineers and firemen, wives and daughters.
Salesmen, wives and daughters.
Saleswomen.
Steam railroad employes, wives and daughters.
Street railroad employes, wives and daughters.
Telegraph and telephone linemen, wives and daughters.
Telegraph and telephone operators, wives and daughters.
Telegraph and telephone operators, females.
Undertakers, wives and daughters.

Manufacturing and Mechanical Pursuits — Building Trades

Carpenters and joiners, wives and daughters.
Masons (brick and stone), wives and daughters.
Painters, glaziers and varnishers, wives and daughters.
Paperhangers, wives and daughters.
Plasterers, wives and daughters.
Plumbers, gas and steamfitters, wives and daughters.
Roofers and slaters, wives and daughters.

Chemical and Allied Products

Oil well and oil work employes, wives and daughters.

Other Chemical Workers

Chemical work employes, wives and daughters.
Fertilizers makers, wives and daughters.
Powder and cartridge makers, wives and daughters.
Salt work employes, wives and daughters.
Starch makers, wives and daughters.

Clay, Glass and Stone Products

Brick and tile makers, wives and daughters.
Glass workers, wives and daughters.
Marble and stone cutters, wives and daughters.
Potters, wives and daughters.

*Fishing and Mining*Quarterly
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Fishermen and oystermen, wives and daughters.
Miners and quarrymen, wives and daughters.

Food and Kindred Products

Bakers, wives and daughters.
Butchers, wives and daughters.
Butter and cheese makers, wives and daughters.
Confectioners, wives and daughters.
Millers, wives and daughters.
Fish curers and packers, wives and daughters.
Meat and fruit canners and preservers, wives and daughters.
Meat packers, curers and picklers, wives and daughters.
Sugar makers and refiners, wives and daughters.

Iron and Steel and their Products

Blacksmiths, wives and daughters.
Iron and steel workers, wives and daughters.
Machinists, wives and daughters.
Steam boiler makers, wives and daughters.
Stove, furnace and grate makers, wives and daughters.
Tool and cutlery makers, wives and daughters.
Wheelwrights, wives and daughters.
Wireworkers, wives and daughters.

Leather and its Finished Products

Boot and shoe makers and repairers, wives and daughters.
Harness and saddle makers and repairers, wives and daughters.
Leather curriers and tanners, wives and daughters.
Trunk and leather case makers, wives and daughters.

Liquors and Beverages

Bottlers and soda water makers, wives and daughters.
Brewers and maltsters, wives and daughters.
Distillers and rectifiers, wives and daughters.

Lumber and its Manufacture

Cabinet makers, wives and daughters.
Coopers, wives and daughters.

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Saw and planing-mill employes, wives and daughters.
Other wood workers, wives and daughters.
Basket makers, wives and daughters.
Basket makers, females.

Metal and Metal Products other than Iron and Steel

Brassworkers, wives and daughters.
Clock and watchmakers and repairers, wives and daughters.
Gold and silver workers, wives and daughters.
Tin plate makers, wives and daughters.
Tinners and tinware makers, wives and daughters.
Copper workers, wives and daughters.
Electroplaters, wives and daughters.
Gunsmiths, locksmiths and bell hangers, wives and daughters.
Lead and zinc workers, wives and daughters.

Paper and Printing

Bookbinders, wives and daughters.
Bookbinders, females.
Box makers (paper), wives and daughters.
Box makers, females.
Engravers, wives and daughters.
Paper and pulp mill operatives, wives and daughters.
Printers, lithographers and pressmen, wives and daughters.

Textiles

Bleaching and dye works operatives, wives and daughters.
Cotton mill operatives, wives and daughters.
Cotton mill operatives, females.
Hosiery and knitting mill operatives, wives and daughters.
Hosiery and knitting mill operatives, females.
Silk mill operatives, wives and daughters.
Silk mill operatives, females.
Woolen mill operatives, wives and daughters.
Woolen mill operatives, females.
Print operatives, wives and daughters.
Print work operatives, females.
Rope and cordage factory operatives, wives and daughters.
Dressmakers.
Milliners.

Seamstresses.

Hat and cap makers, wives and daughters.

Hat and cap makers, females.

Shirt, collar and cuff makers, wives and daughters.

Shirt, collar and cuff makers, females.

Tailors, wives and daughters.

Tailoresses.

Carpet makers, wives and daughters.

Lace and embroidery makers, wives and daughters.

Lace and embroidery makers, females.

Sail, awning and tent makers, wives and daughters.

Sewing machine operatives, wives and daughters.

Sewing machine operatives, females.

Miscellaneous Industries

Broom and brush makers, wives and daughters.

Charcoal, coke and lime burners, wives and daughters.

Engineers and firemen (not locomotive), wives and daughters.

Glovmakers, wives and daughters.

Glovmakers, females.

Manufacturers and officials, wives and daughters.

Model and pattern makers, wives and daughters.

Photographers, wives and daughters.

Photographers, females.

Rubber factory operatives, wives and daughters.

Rubber factory operatives, females.

Tobacco and cigar factory operatives, wives and daughters.

Tobacco and cigar factory operatives, females.

Upholsterers, wives and daughters.

Other Miscellaneous Industries

Artificial flower makers, wives and daughters.

Artificial flower makers, females.

Button makers, wives and daughters.

Candle, soap and tallow makers, wives and daughters.

Corset makers, wives and daughters.

Corset makers, females.

Gas work employes, wives and daughters.

Umbrella and parasol makers, wives and daughters.

Well borers, wives and daughters.

Whitewashers, wives and daughters.

The committee gave careful consideration to the statistical tables, heretofore presented by the hospitals, with the object of adapting them to the modern problems of psychiatry. Four insuperable defects are inherent in tables of this character. First, the large and ever-increasing error, due to transfers from one hospital to another. Second, the error arising from the readmission of unrecovered cases. Third, the tables deal with cases and individuals cannot be identified. Fourth, insanity is treated as a disease entity and not as a group of diseases dissimilar in etiology, course and termination as we now understand it to be. These errors and others nullify the value of the old tables to such a degree that in the judgment of the committee they cannot longer command the serious consideration of the profession, and it is suggested that they be discontinued at the end of the present fiscal year. The need of accurate data in reference to insanity was never greater than at the present time, but the profession demands facts and details which can be understood and applied by any investigator. Accurate observations of this character have a distinct value of their own, and though the immediate application of such facts may not be apparent, their meaning will in due time be understood and applied. The committee believes that the hospitals could not do better than patiently build up, year by year, a collection of data with reference to the causes, terminations of insanity, the frequency and character of the relapses, and other interesting features which may be suggested from time to time. The form recommended is that detailed in the specimen tables, copies of which you have all seen. In these tables, each case is treated as a unit and the factors bearing upon each case are brought together in a comprehensive manner. Table No. 3 is arranged for first admissions to any hospital for the insane. The first column is the total hospital number. This is done to make possible future reference to the case, if it should ever be required. Following this in appropriate columns is the data of personal identification, the nativity of the patient and his parents, civil condition, education, occupation, religion and residence, then etiological factors, other than heredity. After that, the heredity and age, duration of previous attacks and finally the psychosis. In order to ensure uniformity throughout the several hospitals in designating occupation, a table has been prepared and adopted from one of the tables of the United States Census Bureau, which it is believed will more accurately describe the occupations than

any scheme which has suggested itself heretofore. All who have requested copies have been furnished with them, and it was stated to them that the table was only to be used for reference. The heredity has been divided into paternal and maternal, brothers, sisters and descendants, making three sub-columns. The paternal and maternal heredity have been further subdivided into direct and collateral, and each of these specifies whether heredity was of insanity or other disorders. By other disorders the committee understands the neuroses not requiring commitment, suicides, habit disorders, alcoholism, apoplexies, etc. The column for residence is intended to place the patient in his environment. The designations, city, village and rural, cannot be followed literally in every case. In many it will be very easy to designate the residence correctly, but in the case of others who live in large villages and small cities, there is likelihood of confusion arising. Likewise, in country districts there are collections of houses at the cross-roads, not incorporated as a village, but where the life and companionship would be about what would be natural to a village. These questions can be settled at the staff meetings without making it necessary to establish any hard and fast rules. The circumstances of the patient are divided into poverty, comfort and affluence. The committee understands by these terms that poverty would designate circumstances in which food and clothing were uncertain in supply and at times deficient. Comfort designates those wage earners and servants who accumulate nothing, but have sufficient for the day. Affluence would include all who have acquired or saved from their earnings an estate, large or small, and who could endure a period of illness or lack of employment without coming to want. The constitutional make-up is divided into defective, inferior and normal. The term defective is well understood by you. The term inferior would apply to persons who, while not actually defective, had not kept abreast of their opportunities, who with educational opportunities had not acquired an education, or who had not prospered, by reason of poor judgment and self-control and lack of initiative.

Table No. 3 has to do with readmissions, which class covers all who have at some previous occasion been under treatment in an institution for mental diseases. It seems to require no further explanation. The data are similar to Table No. 3 except that they include the diagnosis at the previous attack and duration of sane interval, if any.

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Table No. 4, discharges, and Table No. 5, deaths, require no further description.

The old Table No. 2 is useful and should be continued in its present form, but should be published in connection with the Treasurer's report since it is essentially a financial statement. For the same reason its number has been dropped. The committee makes no other recommendation in reference to the report of the Treasurer. Tables 19 and 20 can be combined into one, by omitting the designations "Private" and "Public," these designations being regarded as no longer significant except as they appear in Table No. 1.

It will be noted that in Tables 2, 3 and 5 the cases are arranged according to psychosis, while in Table No. 4 they are arranged according to the condition on discharge and psychosis. It is further suggested that the cases be arranged according to age in Tables 2, 3 and 5.

The committee proposes a plan to be followed in the collection of medical data which it believes will render the task less burdensome than that now followed. It has devised a series of cards, or, if the conference prefers, loose sheets may be used, one for admissions and readmissions, and the others for discharges and deaths. The card for table of first admissions is white, and for the other tables various tints that will readily distinguish them. Each card contains headings for all that is required for its appropriate table. The committee recognizes the growing importance of the daily staff meetings as a center of medical interest and the clearing house for medical work. The collection and arrangement of this medical data should be the task of the staff meeting. It will give to this important daily conference a further definite aim and object. The card should be filled out by the doctor who presents the case, or in whose service the discharge or death has occurred, and presented at the conference. All doubtful questions should be submitted to free discussion and final decision of what should be accepted as sufficient rendered by the presiding officer. In this way the facts would be closely scrutinized and the cards made out with a great degree of accuracy. The time so spent would be profitable, and at the end of the year, if the work had been done faithfully, the material for the annual report is ready to be transcribed.

TABLE No. 1

*General statistics of the year ending September 30th, 19*Quarterly
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	MEN	WOMEN	TOTAL
Remaining October 1st.....			
Cases admitted during the year:			
- By commitment:			
First admissions.....			
Re-admissions.....			
By transfers from other institutions for the insane.....			
Persons admitted during the year.....			
Total cases under treatment during the year.....			
Total persons under treatment during the year.....			
Daily average population.....			
Rated capacity of the institution.....			
Discharged during the year:			
As recovered.....			
As much improved*.....			
As improved*.....			
As unimproved*.....			
As not insane:			
Inebriates.....			
Drug habitués.....			
Others not insane.....			
Died.....			
Transferred to other institutions for the insane.....			
Total cases discharged during the year.....			
Total persons discharged during the year.....			
Remaining under treatment:			
Supported by the state.....			
Reimbursing patients.....			
Private patients.....			
Total remaining September 30th.....			

* Except transfers.

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TABLE 2 — FIRST ADMISSIONS TO ANY HOSPITAL FOR INSANE — WOMEN

Clinical Number	NATIVITY		a	b	Occupation	c	d	Time in U. S.	ETIOLOGICAL FACTORS OTHER THAN HEREDITY	e	f	HEREDITY										Age	Duration	Previous Attacks	Psychosis							
	Patient	Father										Mother	Civil Condition	Education	Religion	Residence	Circumstances	Constitution	Paternal							Collateral		Brothers, Sisters and Descendants	Maternal		Collateral	
																			I	N	I					N	I		N	I		N
6085	N. Y.	N. Y.	Can.	S	Tailress	R. C.*	C		Death of sister.....	P	Inf.	1	2								21	10 D	1	Man. Dep.								
6091	Vt.	Vt.	Vt.	M	Farm'. wife	Meth.	R		(?).....	P	N		1								56	1 M	2	Man. Dep.								
6110	N. Y.	Ire.	Ire.	W	Porter	R. C.*	R		Loss of position.....	P	Def.	1	1								41	2 W	0	Man. Dep.								
6125	Eng.	Eng.	Eng.	M	Teacher	Univ.	V		Overwork.....	C	N										32	1 M	1	Man. Dep.								
6141	N. Y.	Mass.	N. Y.	S	Farm'. dau.	Epis.*	R		(?).....	C	N										20	W	0	Man. Dep.								
6160	N. Y.	N. Y.	Scot.	W	None	R. C.	V		R. R. Accident. Fright	A	N		2								48	1 M	1	Man. Dep.								
6201	Conn.	Ire.	Conn.	W	Stenog.	R. C.*	C		Loss of money.....	P	N	1	1								30	2 W	0	Allied M. D.								
6272	Can.	Can.	Can.	S	Servant	None	C		Love affair.....	P	Inf.			1							24	12 D	0	Allied M. D.								
6112	Can.	N. Y.	Ire.	S	Farm'. dau.	Pres.	R		(?).....	C	N										29	2 M	0	Dem. Phrecox								
6117	Mass.	Ger.	Ger.	M	Clerg., wife	Epis.*	R		Childbirth.....	C	N	1									22	1 M	0	Dem. Phrecox								
6124	N. Y.	Eng.	N. Y.	M	Farm'. wife	R. C.*	R		(?).....	C	N										39	6 W	1	Dem. Phrecox								

a—S., Single; M., Married; W., Widowed; D., Divorced; SP., Separated;
b—N., None; R., Reads; C. S., Common School; H. S., High School;
c—*, A regular church attendant.
d—C., City; V., Village; R., Rural.

e—P., Poverty; C., Comfort; A., Affluence.
f—Def., Defective; Inf., Inferior; N., Normal.
g—L., Insanity; N., Other hereditary nervous affections; neurosis, alcoholism, etc.
h—Space, Negative; —, Unascertained; +, Satisfactory history of patient only; X, Satisfactory history of two generations; O, Alcoholic.

KEY:

TABLE 3 — RE-ADMISSIONS — WOMEN

Clinical Number	NATIVITY		a	b	Occupation	Religion	Residence	Time in U. S.	ETIOLOGICAL FACTORS OTHER THAN HEREDITY	e	f	HEREDITY								Age	Duration	Previous Attacks	Condition when Last Discharged	Duration of Sane Interval	Psychosis								
	Patient	Father										Mother	Civil Condition	Education	Occupation	Religion	Residence	Time in U. S.	ETIOLOGICAL FACTORS OTHER THAN HEREDITY							e	f	Paternal		Brothers, Sisters and Descendants		Maternal	
																												Direct	Collateral	Direct	Collateral		
27842	N. Y.	Eng.	Vt.	C. S.	Farm' wife	Meth.	R	20Y	Lactation. Death of father.	A	N	1	—	—	—	—	—	—	36	3 W	2	Rec.	4 1/2 Y	Man. Dep.									
27860	Ire.	Ire.	Ire.	C. S.	Carpent' wife	R. C.	V	1Y	Death of husband. Noe- galgia	C	N	—	—	—	—	—	—	—	38	1 M	1	Rec.	1 Y	Man. Dep.									
28146	Italy	Italy	Italy	N.	Labor's wife	R. C.	C			P	Inf	+	+	+	+	+	+	24	1 M	1	Rec.	4 Y	Man. Dep.										
27135	N. Y.	Can.	Can.	S	Farm' dau.	Epis.	R		Injury to head when young.	C	N	+	+	+	+	+	+	27	2 M	2	Rec.	2 Y	Man. De-.										
27721	N. Y.	Ger.	N. Y.	C. S.	Stenog.	None	C		Loss of position. O. . . .	C	Inf	1	O	O	1	1	1	25	1 M	1	Rec.	6 M	Alco. Psy.										

a—S., Single; M., Married; W., Widowed; D., Divorced; SP., Separated.

b—N., None; R., Reads; C. S., Common School; H. S., High School; Col., Colleague.

c—A regular church attendant.

d—C., City; V., Village; R., Rural.

KEY:

e—P., Poverty; C., Comfort; A., Affluence.
f—Def., Defective; Inf., Inferior; N., Normal.
g—L., Insanity; N., Other hereditary nervous affections, neurosis, alcoholism, etc.
h—Space, Negative; —, Unascertained; +, Satisfactory history of patient only; X, Satisfactory history of two generations; O, Alcoholic.Quarterly
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TABLE 4 — DISCHARGES — MEN

Number	Psychosis	Age	Pr. Attacks	Pr. Admission	Duration before Admission	Period of Treatment	Condition
1240	Man. Dep.	32	1	1	2 W	6½ M	Recovered
1262	Alco. Psy.	40	0	0	1 W	4 M	"
1280	Alco. Psy.	36	1	0	1 M	8½ M	"
1302	Man. Dep.	22	0	0	10 D	17 M	"
1312	Man. Dep.	29	2	1	6 D	10 M	"
1317	Alco. Psy.	42	0	0	6 W	5½ M	"
1326	Exh's Psy.	28	0	0	12 D	10 M	Improved
1248	Dem. Pre.	22	0	0	4 M	10 M	"
1251	Dem. Pre.	29	0	0	1 M	6 M	"
1265	Gen. Par.	40	0	0	5 M	2 M	Unimproved
1324	Dem. Pre.	24	0	0	1 Y	2 Y	"

TABLE 5 — DEATHS — MEN

Number	Psychosis	Age	Pr. Attack	Pr. Admission	Duration before Admission	Period of Treatment	Total Hospital Life	Cause of Death
742	Gen. Par.	41	0	0	4 M	15 M	15 M	Gen. Paralysis
826	Gen. Par.	38	0	0	5 M	2 Y	2 Y	"
1406	Dem. Pre.	46	0	0	1 Y	4 M	4 M	Multiple Sarcoma
1201	Dem. Pre.	31	0	1	6 Y	2 Y	7 Y	Phthisis
1218	Alco. Psy.	56	1	1	2 M	10 D	6½ M	Pneumonia

TABLE 6

*Showing the residence by counties of patients admitted during the year and remaining under treatment
September 30, 19....*

COUNTIES	ADMITTED DURING THE YEAR			REMAINING UNDER TREATMENT SEPTEMBER 30, 19...		
	Men	Women	Total	Men	Women	Total
Albany.....						
Allegany.....						
Broome.....						
Cattaraugus.....						
Cayuga.....						

FORMS FOR COLLECTING STATISTICAL DATA

FIRST ADMISSION

<i>Name</i>	<i>Diagnosis</i>	<i>Sex</i>
<i>Nativity</i> (State or county. See U. S. census tables.)	<i>Adm. No.</i>	
of father	of mother.	
Time in U. S.		
<i>Civil condition</i> —Single	married	widowed
separated		divorced
<i>Education</i> —None	reads and writes	common school
school	collegiate	high
<i>Occupation</i> (See U. S. census tables)		
<i>Religion</i> (denomination)		
	<i>Is patient a regular church attendant?</i>	
<i>Residence</i> —City	village	rural
<i>Circumstances</i> —Poverty	comfort	affluence
<i>Etiological factors other than heredity</i>		
<i>Constitutional make-up</i> —Defective	inferior	normal
<i>Heredity</i> (nervous disease and insanity)		
<i>Accompanying physical diseases</i>		
<i>Age on admission</i>	<i>Duration of present attack</i>	<i>No. previous attacks</i>
<i>DATE OF ADMISSION</i>	19	
<i>Presented at staff meeting</i>	19	by Dr.

Hosp. No.

— = facts not obtained. + = reliable history of patient only.

× = reliable history of two generations. O = alcoholic.

NOTE.—This card for first admission to any hospital for insane for compilation of Table No. 2.

DISCHARGE

<i>Name</i>	<i>Sex</i>	<i>Adm. No.</i>
<i>Age on discharge</i>	<i>Psychosis</i>	
<i>Previous attacks</i>	<i>Previous admissions</i>	
<i>Duration of last psychosis before admission</i>		
<i>Period of hospital residence</i>		
<i>Condition on discharge</i>		
<i>Patient was discharged to custody of</i>		
Address		
Hosp. No.		

READMISSION

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<i>Name</i>	<i>Diagnosis</i>	<i>Sex</i>	<i>Adm. No.</i>
<i>Nativity (State or county. See U. S. census tables.)</i>			
	of father		of mother.
Time in U. S.			
<i>Civil condition</i> —Single	married	widowed	divorced
separated			
<i>Education</i> —None	reads and writes	common school	high
school	collegiate		
<i>Occupation (See U. S. census tables)</i>			
<i>Religion (denomination)</i>			
	<i>Is patient a regular church attendant?</i>		
<i>Residence</i> —City	village	rural	
<i>Circumstances</i> —Poverty	comfort	affluence	
<i>Etiological factors other than heredity</i>			
<i>Constitutional make-up</i> —Defective	inferior	normal	
<i>Heredity (nervous disease and insanity)</i>			
<i>Accompanying physical diseases</i>			
<i>Age on admission</i>	<i>Duration of present attack</i>		
		<i>No. previous attacks</i>	
<i>Condition at last discharge</i>			
<i>Duration of sane interval</i>			
DATE OF ADMISSION	19		
<i>Presented at staff meeting</i>	19	by Dr.	
		Hosp. No.	

— = facts not obtained. + = reliable history of patient only.

× = reliable history of two generations. O = alcoholic.

NOTE.—This card for cases previously admitted to any hospital for the insane for compilation of Table No. 3.

DEATHS

<i>Name</i>	<i>Sex</i>	<i>Adm. No.</i>
<i>Age at death</i>	<i>Psychosis</i>	
<i>Previous attacks</i>	<i>Previous admissions</i>	
<i>Duration of last psychosis before admission</i>		
<i>Period of hospital residence</i>		
<i>Total duration of hospital life (all admissions)</i>		
<i>Cause of death (follow State Department of Health table)</i>		
	<i>Autopsy</i>	<i>No</i>
		<i>Yes</i>
	<i>Hosp. No.</i>	

The committee suggests that by arrangement with the State Commission in Lunacy, an identification number be devised which would be consecutive throughout the State, in order that a patient may be identified at whatever hospital he may subsequently be readmitted. This would be in addition to the total number now in use in each hospital. To do this would not be difficult as at first would seem to be the case, for by enclosing with each copy of medical certificate forwarded to the Commission two sheets or cards, to be known as identification card or number card, containing the name, age, sex, date of admission and residence, these could receive the official number at Albany, one being retained there, and the duplicate forwarded to the hospital. In this way there would be no duplicates throughout the State, and in case of readmissions the old number would be again assigned to that case.

One final suggestion: What will you do with all the data which will pour into the office of the Commission each year? The committee is of the opinion that each hospital should publish in its pamphlet report its own cases. At present the statistical tables cover about 22 pages. Not many of the hospitals would require as much as this: only two or three would require more than this amount of space to publish the data as arranged on the sample tables which you have seen. But for the report of the Commission it would be much more desirable to have prepared from this material a series of graphic charts and tables. These might represent, in addition to facts relating to age, occupation, etc., such questions as distribution throughout the State, of general paralysis, of alcoholic insanity, and of other forms, the comparison of city with country districts in types of insanity, which could be done in the form of charts; the relative frequency of certain types of insanity in foreign born as compared with the native born, and in native born with foreign parents; a table showing the most frequent causes of insanity and the kind and curability of insanity so classed; the frequency of certain types in various occupations. In fact the amount of useful information which could be disseminated by the Commission on the basis of these hospital reports is infinite. The data prepared as the committee suggest would be more accurate than those formerly available, and the knowledge that they were to be used to some purpose would be an incentive to care in their collection at the hospitals. To be of value, however, the work of the Commission should be carefully done, and

the committee strongly recommends that the Commission employ an expert statistician to prepare the tables for its annual report. The wealth of clinical material at the command of the State Commission in Lunacy puts it under obligation to furnish the profession and the people information which it alone is able to furnish in so adequate a manner.

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Respectfully submitted,

ADOLF MEYER

W. L. RUSSELL

R. H. HUTCHINGS, *Chairman*

Mr. Chairman — As a member of the committee I would like to call Dr. Hutchings' attention to one or two recommendations that were discussed in committee and have been omitted from the report. We were to recommend the same list of countries of nativity as used by the U. S. Census Bureau, and the same list of occupations. There was also something said about a table of causes of death.

Dr. Hutchings — Yes; the table of causes of death prepared by the State Department of Health, but that is obligatory.

Mr. Chairman — Have the tables been changed any since sent to the different superintendents?

Dr. Hutchings — They have not.

Dr. Howard — I think there will be difficulty in carrying out that portion of the report with reference to the report of the treasurer for each hospital. Now each hospital has not a separate treasurer. "Table 2 is to accompany the report of the treasurer;" ought that not to be changed so as to fit the present plan of one treasurer for all State hospitals?

Mr. Chairman — I presume something will depend upon the form of the central treasurer's report in that respect.

Dr. Hutchings — I would suggest that each hospital make a statement of expenses.

Dr. Howard — And report to the treasurer?

Dr. Hutchings — That part that relates to Rochester will be in the Rochester report, and that which relates to the Utica hospital will be in the Utica report.

Dr. Howard — In one place there appears the expression, “sole” object of the hospital, etc. Should the word “sole” not be changed to principal?

Mr. Chairman — In this radical change in the statistical tables there is no precedent in institutions for the insane, although in some other kinds of institutions the method is employed. The report is now before you for your consideration.

Dr. Howard — I think this will make too voluminous a report for an annual report.

Dr. Wagner — How would it do to have these printed and allowed to go over to another meeting when we are prepared to adopt it?

Dr. Pilgrim — If it goes over to another meeting it will go beyond the time which will make it useful this year.

Mr. Chairman — The committee has been working on it since the first of January. Dr. Wagner, would you care to make a statement?

Dr. Wagner — I am not prepared to go into it in detail at this time.

Mr. Chairman — Dr. Howard, have you anything to say?

Dr. Howard — Nothing further.

Mr. Chairman — If you would present some of the difficulties, Dr. Wagner, perhaps Dr. Hutchings could explain them.

Dr. Wagner — I am not prepared to discuss it intelligently at the present time.

Dr. Ashley — I think, Mr. Chairman, that the modifications of the annual report suggested by your committee, if adopted, will be an improvement over the present form. Whether or not the new forms are the best that can be had I am unable to say, but I do believe they would be an improvement over those now in use and I am in favor of adopting them. The defects, if there are any, can be eliminated when found.

Dr. Hurd — I am not prepared to discuss the matter fully at present. I appreciate the vast amount of work that has been well and creditably done by this committee; I am not inclined to share Dr. Howard's fear, however, that an annual report based on these

recommendations would be too large. Many of these headings are already incorporated in our reports, and it would seem as if the change contemplated would be in the line of systemization and uniformity rather than in undue length. A certain order in our annual reports would thus be attained, desirable, providing that individuality is not sacrificed.

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I think the cards presented will be useful and give us a great deal of information in a condensed form. That feature which regards each patient as a unit seems especially useful. The change, however, from the present system to a new one is not a matter to be hastily made or considered. I think it might be well to use these cards for the first year in preparation for the possible adoption of this form of report for next year, and at the same time use our old tables for this same year.

Dr. O'Hanlon — The only thing that occurs to me, Mr. Chairman, is the question of the annual reports being deprived of the individuality that now characterizes superintendents' reports. It seems to me that the superintendents' reports now fully take up any special features and comment on them.

Dr. Meyer — There is one issue connected with the recommendation which really has not been touched by the text of Dr. Hutchings' report. Reference is made in several parts to statistical reports, and also to publication and it might be timely to bring up the question at least for the purpose of discussion. At the last meeting Dr. Harris suggested that the report of State hospital meetings might be printed together with these conference reports, so as to form a nucleus of the regular publication devoted to the work done in the State hospitals. Such a medium would be extremely desirable also from the point of view of the Institute, and give us an opportunity here and there to make a special report on any case sent to us that ought to reach the physicians of more than one hospital. It would be available for the purpose of reports of the plans for conjoint work, and of cases for which one would like to have co-operation, by the collection of similar events which do not occur very often in one hospital. Moreover, it would occasionally be very desirable to translate in full an article that appears in a foreign language. It ought not to be looked upon as a journal to be filled up to so many pages, but it should contain information that should be communicated for the need of the physicians in the State hospital service, and if it is a success it would also carry an

idea of the work being done to the general profession and to hospitals outside of the State organization. In order to maintain anything of the sort, the work of editing will have to be provided for, probably as part of the work of the statistician. It seems to me that this question might possibly be brought up and discussed with the plans for the annual report of the institutions.

With regard to the tables we should realize that the tables themselves follow a classification of disorders. You can get the numbers of special disorders very easily even from the tables; but the report of the superintendent would show a concise summary.

Dr. Doran — Mr. Chairman, I am not prepared to say very much on this subject. I asked Dr. Elliott what his views were before I came away and he expressed himself as feeling that the recommendations embodied in the report were in the right line, and he was in favor of the new tables. I believe, myself, that if the recommendations were carried out the data required would be more easily accessible and could be put to better use than the data contained in the present tables.

Dr. Mabon — While I am in favor of the report and the statistical tables, I rather question some features of the report as to being too voluminous and might mean that the special medical articles should be published and made a special feature. If that was done anyone who looked after the statistics could look after the editing of that part of the bulletin. My own belief would be to adopt that part of the report which deals with the statistical side and let the other matter go over for further consideration.

Mr. Chairman — Do you think it is the statistical part that would make the report too voluminous?

Dr. Mabon — The report itself.

Dr. Pilgrim — From my conversation with the different superintendents it seems to me that Dr. Mabon has very well voiced the sentiments of most of them, and I would think well of adopting his suggestion, that we proceed with the adoption of the statistical tables and let the managers and superintendents go on and do as they have been doing in making reports.

Dr. Mabon — My idea was that this matter could come up at the next conference for final consideration and adopt now the statistical tables.

Mr. Chairman — This outline was framed with the idea of systematizing what actually goes into the annual reports now and I do not believe there is very much added. Quarterly
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Dr. Mabon — We could consider outline by outline, paragraph by paragraph, that is the only way to discuss this report. We can leave out some things. Now, when you come to consider the statistical tables there is to be an analysis of these tables. The analysis is going to take up some room and you are going to have a report which, instead of the present size, will be fully four times the size, and it is a question whether some of these matters — purely medical — should not be in the report of the conferences.

Mr. Chairman — I think the essential part is the statistical tables and Dr. Mabon's suggestion a good one.

Dr. Mabon — I will move that that part of the report referring to statistical tables be adopted, and that part referring to the report be postponed for discussion at the next conference, every superintendent coming prepared to discuss each item as outlined in the report.

Dr. Howard — I second that motion.

Mr. Chairman — The motion is that the part of this report referring to statistical tables be adopted, and the part referring to the managers' and superintendents' reports be postponed until the next conference.

Dr. Palmer — The question of the size of the cards has been under discussion at this end of the table and it has been suggested that they do not fit any card index.

Dr. Mabon — I would suggest the use of loose sheets to fit in binders of the proper size.

Dr. Hutchings — I should like to amend the motion to the effect that superintendents may use their discretion in the use of the cards or loose sheets. By this addition to the motion each superintendent, at his discretion, may use the sheets or cards for the purpose of these tables.

Dr. Pilgrim — There is place for only one number on the cards.

Mr. Chairman — How would it do to leave the matter of the tables to the committee, with power?

Dr. Pilgrim — I would suggest that the tables, when printed, be not compressed too much to be easily read. I like plain tables.

Mr. Chairman — That is a matter which can be easily arranged with the printer. Would you think the loose sheets or cards preferable for making up the statistics?

Dr. Mabon — Loose sheets, bound in a regular binder.

Dr. Pilgrim — If you could get a suitable card they would be preferable to the loose sheets.

Dr. Mabon — I accept Dr. Hutchings' amendment.

Mr. Chairman — The question before you is Dr. Mabon's motion, and the motion would now be that the part of the report referring to the statistical tables be adopted, the part referring to the body of the report be postponed until the next conference, and that each superintendent may use his discretion as to the use of the cards or loose sheets in making up his statistics, the plan of making up the statistical tables to go into effect on the first of October next.

The motion, as amended, was unanimously carried.

Mr. Chairman — Are there any other reports to be presented at this conference? Has the training school committee anything to report?

Dr. Howard — I might raise the question of registration of the several training schools with the Board of Regents.

Dr. Mabon — Every superintendent will have to attend to that himself.

Dr. Howard — Would it be fair to ask how many schools are now registered?

Dr. Mabon — You, as chairman of the training school committee, could write the superintendents.

Mr. Chairman — I think most of the questions raised by Dr. Howard are answered in the report presented this morning.

Dr. Howard — Have any of the schools failed to register with the Board of Regents?

Dr. Pilgrim — I have tried to arrange with Vassar but they do not fulfill the requirements. I would like to know, Dr. Howard, if the training school committee will furnish those hospitals

desiring information where this experience in obstetrics can be obtained.

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Dr. Howard — I hear the question and the committee will take the matter up.

Dr. Mabon — May I be permitted to say that I think that by correspondence with Miss Alline of the Department of Education, who has charge of the training schools of the State, as to where the obstetrical training could be obtained, the chairman of the committee could give that information to those seeking it.

Dr. Pilgrim — Will the committee on training schools endeavor to secure from the Commission in Lunacy authorization to pay the expenses of those nurses while undergoing this training?

Dr. Howard — I hear the inquiry and will bring the matter up at the next regular meeting of the committee. The action of the conference placed upon another special committee the performance of certain duties between the Education Department and the training schools. That committee worked with considerable energy and accomplished what it was appointed for. Now we ought to come up to the rack and do our part of it. As far as the Rochester school is concerned there has been no trouble. It seems to me that as the relations of that special committee with the Education Department are so satisfactory that each superintendent should take the matter up definitely and try to have his school registered. An application to the Education Department asking to have the school registered should be made. Suitable blanks will be returned. Each superintendent could fill out these blanks and mail them to the Education Department. The school will be accepted for registration and the formal document will be sent to the institution for framing.

Dr. Mabon — I move that the superintendent of any unregistered school obtain the necessary information in regard to registration through the chairman of the committee on training schools.

Dr. Wagner — I second the motion.

Dr. Howard — I move that the committee on the registration of training schools be continued until the work of registration is completed.

Dr. Mabon — The recommendation was that whoever represented the State hospitals on the committee examining nurses

should be appointed by the training school committee. I move my question.

Dr. Howard — This motion should not prevail, because we are not in a position to carry this out. This training school committee is an up-State committee and we are not situated to carry it out.

Mr. Chairman — Some of the schools are registered and some are not. It would seem as though the difficulties of those schools not registered might be cleared up. The idea of the present motion seems to be that this can be better handled by one person than by the different superintendents.

Dr. Howard — Is it soberly intended by this conference to place upon this training school committee the burden of responsibility of undertaking to go to Poughkeepsie or Binghamton or any other place and look up an arrangement whereby experience in obstetrics can be secured?

Dr. Mabon — It is intended that the information come through Miss Alline of the Education Department, who has charge of the training schools throughout the State.

Dr. Howard — Then it is intended that the superintendents of the unregistered schools obtain this information from Miss Alline.

Dr. Mabon — If I may talk, it seems to me that matters of this kind should be handled from one responsible source so as to have immediate consideration on the part of the Education Department. I don't think it will impose any extra burden to take hold of that work in the work of the training school committee.

Mr. Chairman — The other committee has completed its work.

Dr. Howard — The last conference with the Education Department was this: that they decline to deal with the schools as a whole and they will decline again to deal through this scheme. They are going to deal according to the institution's own show-up.

Dr. Hurd — I think every institution should work out its own salvation with the Education Department as we have. Why should we have to look up the different parts of the State where the experience can be obtained?

Dr. Pilgrim — I am just as willing to apply to Miss Alline as to Dr. Howard, and I withdraw my former question.

Dr. Mabon — It should be through some representative of this conference. It makes the schools a unit and it keeps the chairman of the committee in touch with the schools. The original appointment of this committee was to examine candidates for graduation and admission, but it seems to me that the scope of the committee's work should be enlarged. I don't want to impose any additional work on the committee.

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Upon the vote being taken, Dr. Mabon's motion was declared lost by the chairman.

Dr. Pilgrim — Now I shall have to make some arrangement to send our nurses to New York. How shall the expense be met?

Dr. Mabon — Some experience can be had at Bellevue Hospital. Miss Goodrich is in charge and I am sure she will be very glad to assist in this matter. Some experience can also be had at the Fordham or Harlem hospitals.

Mr. Chairman — That is a matter that belongs to the individual hospital. I would like to ask Dr. Howard if the training school committee is in a position to deal further with the Education Department on registration?

Dr. Howard — I do not think that we are.

Mr. Chairman — Would it not be better for you to represent the conference in dealing with the Education Department with reference to matters relating to registration?

Dr. Mabon — I move, Mr. President, that the committee on training schools be authorized by this conference to conduct any further negotiations with reference to the registration of nurses that may be necessary in the future with the Education Department.

Dr. Hutchings — I second that motion.

The motion was duly carried.

Dr. Hurd — I would like to make an announcement for the committee on topics. As the next meeting will probably take place before the end of this year it has been thought by several that it would be of value for us to discuss here certain subjects. We do not propose to have any one set paper at the next conference, but to have several topics which we want to have kept in mind by the members and to have them come prepared to discuss them. One question is:

1. State provision for inebriates. Discussion to be opened by Dr. Palmer.

2. Voluntary commitments.

3. Hours, salaries and wages.

4. The boarding-out system for the quiet and curable classes.

If there are any other topics which any one thinks should be discussed we should like to hear of them.

Dr. Pilgrim — I would like to make this suggestion, that on those subjects which are likely to come before the Legislature, our discussion be not printed because the Legislature will take up anything that we may say, and that our discussion be informal.

Dr. Mabon — I think the suggestion of Dr. Pilgrim a very wise one.

Dr. Hurd — I am indebted to Mr. Commissioner Viele for the suggestion to request that at the next conference Dr. Russell give us a paper on his recent visit to Massachusetts institutions. To this Dr. Russell has consented.

Mr. Chairman — I have been requested by the Commissioners to instruct the committee on statistics that the Utica State Hospital will furnish the forms and cards for the statistical tables.

Dr. Meyer — How is the question concerning the bulletin?

Mr. Chairman — There was no discussion of it, further than your remarks on the report. I suppose it could be reopened as a separate topic. It was also discussed at the last conference.

Dr. Mabon — That will be discussed with the report later — at the next conference.

On motion of Dr. Hurd, adjourned.

FRANK P. HOFFMAN

Secretary of Conference

GENERAL REVIEW OF STATE HOSPITALS

MEDICAL SERVICE

STATE HOSPITAL	Number of physicians including superintend- ents and internes	Ratio of physicians to patients	Annual per capita cost of medi- cal service
Utica	7	1 to 200.5	\$10.325
Willard	12	1 to 191	8.13
Hudson River	14	1 to 155	7.742
Middletown	10	1 to 131	11.086
Buffalo	11	1 to 170	10.337
Binghamton	9	1 to 175	9.59
St. Lawrence	11	1 to 168	8.92
Rochester	7	1 to 186	10.70
Gowanda	6	1 to 151	12.111
Kings Park	15	1 to 208	6.524
Long Island	4	1 to 181	9.07
Manhattan	30	1 to 146	8.517
Centra' Islip	14	1 to 276	5.868
Total	150		
Average		1 to 177	\$8.59

OPERATIONS OF STATE HOSPITAL SYSTEM

EMPLOYEES

STATE HOSPITAL	Total number of employees	Ratio of all employees to patients	Ratio of attendants to patients	Number of attendants	Annual per capita cost of all employees
Utica.....	257	1 to 4.68	1 to 8.47	142	\$79.24
Willard.....	484	1 to 4.73	1 to 8.68	264	74.48
Hudson River.....	474	1 to 4.90	1 to 7.68	303	74.07
Middletown.....	257	1 to 5.10	1 to 8.50	154	70.55
Buffalo.....	339	1 to 5.56	1 to 10.40	180	67.65
Binghamton.....	318	1 to 4.97	1 to 7.60	208	73.46
St. Lawrence.....	366	1 to 5.04	1 to 8.38	220	68.82
Rochester.....	254	1 to 5.13	1 to 7.33	175	67.97
Gowanda.....	181	1 to 4.98	1 to 8.68	104	68.20
Kings Park.....	537	1 to 5.82	1 to 8.57	365	59.65
Long Island.....	178	1 to 4	1 to 6.80	107	89.15
Manhattan.....	757	1 to 5.78	1 to 9.30	470	61.03
Central Islip.....	558	1 to 6.93	1 to 11.30	342	50.95
Total.....	4,960	.....	.....	3,034	.....
Average.....	.....	1 to 5.36	1 to 8.77	.....	\$66.06

OPERATIONS OF STATE HOSPITAL SYSTEM

FUEL AND LIGHT

STATE HOSPITAL	Total annual cost	Annual per capita cost	Total number of tons of coal consumed	Average purchase price
Utica.....	\$17,482 68	\$14.533	5,860.721	\$2.983
Willard.....	34,695 80	15.13	10,943.075	2.70
Hudson River.....	50,796 50	21.817	14,139	3.5399
Middletown.....	20,408 65	15.555	6,253	3.131
Buffalo.....	26,996 26	15.21	13,461.64	1.953
Binghamton.....	36,108 49	22.868	16,325	2.448
St. Lawrence.....	48,160 38	26.11	14,627.475	3.24
Rochester.....	23,177 05	17.75	8,293	2.79
Gowanda.....	21,396 02	23.70	9,123.09	2.297
Kings Park.....	58,356 04	18.66	15,247.65	4.866
Long Island.....	12,855 53	17.756	3,326.834	3.864
Manhattan.....	39,976 68	9.133	22,737.36	1.80
Central Islip.....	62,425 89	16.147	17,799.1	3.507
Total.....	\$452,835 97		158,136.945	
Average.....		\$17.01		\$2.86

OPERATIONS OF STATE HOSPITAL SYSTEM

RECOVERIES ON ORIGINAL ADMISSIONS

	Percentage
Utica.....	26.26
Willard.....	25.4
Hudson River.....	27.45
Middletown.....	27.47
Buffalo.....	25.33
Binghamton.....	39.50
St. Lawrence.....	25.82
Rochester.....	24.63
Gowanda.....	30
Kings Park.....	27.4
Long Island.....	35.80
Manhattan.....	22.30
Central Islip.....	21
Average.....	25.50

DEATHS ON WHOLE NUMBER TREATED

	Percentage
Utica.....	6.58
Willard.....	6.91
Hudson River.....	7.17
Middletown.....	4.63
Buffalo.....	5.81
Binghamton.....	5.98
St. Lawrence.....	8.99
Rochester.....	7.30
Gowanda.....	5.05
Kings Park.....	7.6
Long Island.....	6.8
Manhattan.....	7.45
Central Islip.....	5.1
Average.....	6.77

OPERATIONS OF STATE HOSPITAL SYSTEM

Statement showing average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1907

ARTICLES	UTICA		WILLARD		HUDSON RIVER		MIDDLETOWN	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$0.066	\$14.02	\$0.07	\$15.00	\$0.069	\$13.59	\$0.061	\$10.37
Poultry, per pound.....	.16	.40	.10	.37	.20	.606	.138	.523
Wheat flour, per barrel.....	3.772	5.59	{ 3.97	*1.78	3.88	5.36	3.925	4.68
Butter, per pound.....	.231	9.18	3.87	2.38	.265	10.58	.242	9.46
Cheese, per pound.....	.116	.725	.236	9.70	.119	.89	.131	.832
Milk (fresh), per gallon.....			.115	.848	.145	5.63	.157	10.46
Milk (condensed), per gallon.....								
Eggs, per dozen.....	.187	2.82	.183	3.38	.208	5.59	.205	3.83
Ten, per pound.....	.138	.448	.138	.46	.136	.443	.137	.227
Coffee, per pound.....	.109	1.31	.109	1.46	.109	1.40	.11	1.25
Sugar, per hundred weight.....	4.73	2.58	4.69	2.65	4.72	2.63	4.80	2.66
Liquor, per gallon.....	2.05	.148	1.585	.011	2.03	.14		

* Made from local wheat.

OPERATIONS OF STATE HOSPITAL SYSTEM

Statement showing average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1907 — (Continued)

ARTICLES	BUFFALO		BINGHAMTON		ST. LAWRENCE		ROCHESTER		GOWANDA	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$0.066	\$11.35	\$0.062	\$13.37	\$0.065	\$13.26	\$0.086	\$13.52	\$0.07	\$13.89
Poultry, per pound.....	.176	.48	.161	.48	.183	.44	.149	.48	.144	.516
Wheat flour, per barrel.....	3.674	4.35	3.83	5.33	3.896	5.13	4.05	4.34	3.415	1.89
Butter, per pound.....	.248	8.65	.26	10.70	.235	8.42	.262	10.34	.23	8.29
Cheese, per pound.....	.133	.98	.132	1.09	.115	.88	.131	.88	.123	.62
Milk (fresh), per gallon.....	.13	7.99	.128	6.97	.114	1.23	.14	5.98	.....	.....
Milk (condensed), per gallon.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Eggs, per dozen.....	.183	3.20	.212	5.09	.17	2.65	.20	3.44	.182	3.82
Tea, per pound.....	.137	.57	.136	.41	.138	.43	.138	.434	.137	.482
Coffee, per pound.....	.109	1.26	.109	1.46	.109	1.39	.109	1.40	.109	1.12
Sugar, per hundred weight.....	4.81	2.60	4.82	2.71	4.70	2.37	4.85	2.65	4.71	2.29
Liquor, per gallon.....	1.77	.099	2.02	.202	2.03	.11	2.02	.31	2.02	.058

OPERATIONS OF STATE HOSPITAL SYSTEM

Statement showing average purchase price and annual per capita cost of staple articles of consumption in the State hospitals during the year ending September 30, 1907 — (Concluded)

ARTICLES	KINGS PARK		LONG ISLAND		MANHATTAN		CENTRAL ISLIP	
	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost	Average purchase price	Annual per capita cost
Fresh meats, per pound.....	\$0.069	\$15.43	\$0.066	\$13.08	\$0.067	\$14.10	\$0.063	\$11.48
Poultry, per pound.....	.134	.468	.145	.878	.146	.675	.158	.285
Wheat flour, per barrel.....	3.87	5.16	4.416	† 64	3.795	4.34	3.78	4.50
Butter, per pound.....	.254	10.15	.25	10.51	.25	9.79	.254	9.51
Cheese, per pound.....	.125	.80	.095	6.45	.116	.90	.125	.94
Milk (fresh), per gallon.....	.23	4.16	.165	6.45	.18	1.78	.....	.....
Milk (condensed), per gallon.....	.676	5.53	.633	3.38	.633	7.62	.678	9.29
Eggs, per dozen.....	.206	3.92	.193	4.09	.193	3.82	.199	3.36
Tea, per pound.....	.138	4.62	.143	4.45	.138	1.45	.138	4.15
Coffee, per pound.....	.108	1.12	.111	1.52	.112	1.45	.11	1.34
Sugar, per hundred weight.....	4.64	2.36	4.64	2.56	4.64	2.57	4.66	2.45
Liquor, per gallon.....	2.00	.08	.....	.....	2.16	.043	1.75	.032

† Institution buys bread from local bakers.

OPERATIONS OF STATE HOSPITAL SYSTEM

LICENSED PRIVATE ASYLUM SYSTEM

General Statistics for the Year Ending September 30, 1907

INSTITUTION	Remaining October 1, 1907		ON ORIGINAL COMMITMENTS						Total Number Under Treat- ment During Year		Daily Average Population	Capacity of Institution		
			From Residences			By Transfers from Other Institutions for the Insane								
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men			Women	Total
Bloomingdale	146	176	322	35	40	75	8	7	15	191	223	414	336	400
Providence Retreat	28	85	113	17	29	46	1	1	2	3	46	116	110	125
Marshall Sanitarium	27	30	57	20	11	31	1	1	2	48	42	90	52	90
Long Island Home	29	53	82	14	22	36	3	6	9	46	81	127	81	114
Brigham Hall Hospital	29	26	55	12	21	33	3	3	6	41	47	88	54	67
Sanford Hall	10	23	33	11	3	14	3	3	6	24	26	50	31	44
St. Vincent's Retreat	6	96	102	22	22	44	8	8	16	13	126	126	100	150
Breezehurst Terrace	15	21	36	6	6	12	1	1	2	9	21	34	23	35
Waldenere	5	1	6	1	1	2	1	1	2	11	7	18	20	20
Greenmont-on-the-Hudson	1	2	3	3	3	6	1	1	2	10	11	21	13	34
Dr. Mac Donald's House	6	8	14	3	3	6	1	1	2	4	8	12	9	12
The Pines	3	5	8	1	1	2	1	1	2	4	4	8	4	16
Vernon House	1	3	4	5	1	6	1	1	2	1	4	5	4	16
Interpines	2	9	11	6	4	10	1	2	3	10	14	21	12	56
River Crest	4	9	13	6	4	10	7	6	13	10	13	23	15	50
Dr. Combes' Sanitarium	42	48	90	64	52	116	7	6	13	113	106	219	90	132
Dr. Kellogg's House	16	17	33	15	20	35	3	3	6	31	40	71	30	46
Knickerbocker Hall	1	7	8	1	1	2	1	1	2	3	1	4	7	7
Dr. Bond's House	2	3	5	3	4	7	1	4	5	3	14	17	7	15
Riverview Sanatorium	2	2	4	3	4	7	1	1	2	6	7	13	7	8
*Dr. Everett's House	5	3	8	15	8	23	2	2	4	20	13	33	2	10
The Knolls	5	3	8	15	8	23	2	2	4	20	13	33	12	20
Total	363	621	984	227	251	478	27	41	68	624	920	1,544	999	1,461

* License surrendered July 9, 1907.

OPERATIONS OF STATE HOSPITAL SYSTEM

INSTITUTION	DISCHARGED DURING YEAR														Remaining October 1, 1907				
	As Recovered			As Improved			As Unimprov'd			Died			Whole Number						
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men not insane	Men	Women	Total	Men		Women	Total		
Bloomington	10	12	22	20	7	27	2	11	13	13	12	13	25	44	43	87	147	180	327
Providence Retreat	4	7	11	5	4	9	4	4	8	12	9	7	16	22	26	48	24	90	114
Marshall Sanitarium	10	3	13	3	12	15	4	4	8	10	3	13	27	12	39	21	30	51	81
Long Island Home		4	4	5	12	17	5	8	13	6	4	10	16	28	44	30	53	83	136
Brigham Hall Hospital		7	7	13	5	18	4	9	13	3	1	4	21	17	38	20	30	52	82
Sanford Hall	1		1	4	4	8	4	2	6	2	2	1	3	11	7	18	13	19	32
St. Vincent's Retreat	10	10	20	1	7	7	13	13	13	10	10	10	40	40	40	9	86	86	172
Brezelhurst Terrace	2	2	4	4	1	4	1	2	1	1	1	2	4	5	6	10	9	15	24
Waldmere				4	4	4	4	1	1	1	1	2	4	5	5	10	9	15	24
Greenmont-on-the-Hudson				1	1	1	1	5	1	6	4	2	5	5	6	10	9	15	24
Dr. MacDonald's House				1	1	1	1	5	1	6	4	2	5	5	6	10	9	15	24
The Pines	2	2	4	2	1	3	1	1	2	4	1	1	2	2	3	5	4	6	10
Vernon House	1	2	3	2	1	3	2	1	1	1	1	1	2	2	3	5	4	6	10
Interpines	4	4	8	4	4	8	2	2	4	1	1	1	2	3	4	7	9	12	21
River Crest	7	6	13	43	40	83	11	4	15	12	7	19	73	57	130	40	49	89	138
Dr. Combs' Sanitarium	2	3	5	8	11	19	5	4	9	4	4	8	19	22	41	12	18	30	42
Dr. Kellogg's House				1	1	2				1	1	1	2	3	4	5	8	9	17
Knickerbocker Hall	2	2	4	1	3	4	2	1	3	1	1	2	3	4	7	3	6	9	17
Dr. Bond's House				1	1	2				1	1	1	2	3	4	7	3	6	9
Riverview Sanatorium				1	1	2				1	1	1	2	3	4	7	3	6	9
Dr. Everett's House				1	1	2				1	1	1	2	3	4	7	3	6	9
The Knolls				6	3	9	7	3	10	1	1	1	2	3	4	7	3	6	9
Total	45	62	107	116	103	219	57	68	125	1	62	52	114	281	286	567	343	634	977

†Alcoholic.

STATISTICS

STATE HOSPITAL STATISTICS

TABLE No. 1

Showing the number of registered insane remaining in the State Hospitals October 1, 1906, the number admitted on original commitments and by transfer during the year, the total number under treatment and the number remaining September 30, 1907

	UTICA STATE HOSPITAL			WILLARD STATE HOSPITAL			HUDSON RIVER STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1906.....	560	635	1,195	1,134	1,156	2,290	1,110	1,184	2,294
Admitted during year ending September 30, 1907:	170	128	298	183	146	329	317	260	577
On original commitments:									
From residences.....	170	127	297	132	95	227	290	241	531
From county houses.....	.....	.....	.....	6	3	9	21	9	30
By transfer from other institutions for insane.....	.....	1	1	45	48	93	6	10	16
Total number under treatment during year.....	730	763	1,493	1,317	1,302	2,619	1,427	1,444	2,871
Daily average population.....	572	632	1,204	1,128	1,165	2,293	1,125	1,204	2,329
Capacity of institution.....	556	640	1,196	1,147	1,175	2,322	1,078	1,157	2,235
Discharged during year:									
As recovered.....	47	31	78	37	23	60	83	71	154
As improved.....	26	32	58	26	22	48	34	23	57
As unimproved.....	12	15	27	14	10	24	35	23	58
*As not insane.....	7	1	8	1	.....	1	6	5	11
Died.....	52	46	98	111	70	181	115	91	206
Whole number discharged during year.....	144	125	269	189	125	314	273	213	486
Remaining October 1, 1907.....	586	638	1,224	1,128	1,177	2,305	1,154	1,231	2,385

* Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 1.—(Continued)

Showing the number of registered insane remaining in the State Hospitals October 1, 1906, the number admitted on original commitments and by transfer during the year, the total number under treatment and the number remaining September 30, 1907

	MIDDLETOWN STATE HOMEOPATHIC HOSPITAL			BUFFALO STATE HOSPITAL			BINGHAMTON STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1906.....	596	712	1,308	799	941	1,740	710	849	1,559
Admitted during year ending September 30, 1907:	120	110	230	195	272	467	128	119	247
On original commitments:									
From residences.....	117	105	222	186	188	374	117	114	231
From county houses.....	1	1	2	4	1	5	6	4	10
By transfer from other institutions for insane.....	2	4	6	5	83	88	5	1	6
Total number under treatment during year.....	716	822	1,538	994	1,213	2,207	838	968	1,806
Daily average population.....	594	719	1,313	783	992	1,775	724	855	1,579
Capacity of institution.....	597	625	1,222	771	1,057	1,828	718	805	1,523
Discharged during year.....									
As recovered.....	37	25	62	45	51	96	29	32	61
As improved.....	29	24	53	37	31	68	14	19	33
As unimproved.....	10	7	17	10	9	19	6	4	10
*As not insane.....	2	3	5	10	8	18	2	1	3
Died.....	42	28	70	68	63	131	54	54	108
Whole number discharged during year.....	120	87	207	170	162	332	105	110	215
Remaining October 1, 1907.....	596	735	1,331	824	1,051	1,875	733	858	1,591

* Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 1—(Continued)

Showing the number of registered insane remaining in the State Hospitals October 1, 1906, the number admitted on original commitments and by transfer during the year, the total number under treatment and the number remaining September 30, 1907

	ST. LAWRENCE STATE HOSPITAL			ROCHESTER STATE HOSPITAL			GOWANDA STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1906.....	963	854	1,817	483	782	1,265	415	402	817
Admitted during year ending September 30, 1907.....	226	153	379	174	163	337	180	71	251
On original commitments:									
From residences.....	213	146	359	138	130	268	129	70	199
From county houses.....	5	6	11	5	3	8	.....	1	1
By transfer from other institutions for insane.....	8	1	9	31	30	61	51	.....	51
Total number under treatment during year.....	1,189	1,007	2,196	657	945	1,602	595	473	1,068
Daily average population.....	981	864	1,845	497	785	1,282	488	415	903
Capacity of institution.....	957	836	1,793	500	805	1,305	517	395	912
Discharged during year.....									
As recovered.....	60	36	96	29	38	67	41	19	60
As improved.....	33	48	81	43	34	77	15	9	24
As unimproved.....	10	3	13	10	6	16	16	9	25
*As not insane.....	4	1	5	1	.....	1	1	.....	1
Died.....	96	70	166	56	61	117	33	21	54
Whole number discharged during year.....	203	158	361	139	139	278	106	58	164
Remaining October 1, 1907.....	986	849	1,835	518	806	1,324	489	415	904

* Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE NO. 1—(Continued)

Showing the number of registered insane remaining in the State Hospitals October 1, 1906, the number admitted on original commitments and by transfer during the year, the total number under treatment and the number remaining September 30, 1907

	KINGS PARK STATE HOSPITAL			LONG ISLAND STATE HOSPITAL			MANHATTAN STATE HOSPITAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Remaining October 1, 1906.....	1,278	1,517	2,795	350	755	1,105	1,475	2,704	4,379
Admitted during year ending September 30, 1907.....	579	687	1,066	126	157	283	682	834	1,516
On original commitments:									
From residences.....	366	361	730	108	135	243	573	788	1,361
From county houses.....	13	323	336	18	22	40	21	17	38
By transfer from other institutions for insane.....							88	29	117
Total number under treatment during year.....	1,657	2,204	3,861	476	912	1,388	2,357	3,538	5,895
Daily average population.....	1,319	1,808	3,127	301	424	725	1,683	2,694	4,377
Capacity of institution.....	1,228	1,606	2,834	333	322	655	1,317	2,217	3,534
Discharged during year.....	99	101	200	30	57	87	112	200	312
As recovered.....	61	33	94	29	34	63	151	195	346
As improved.....	25	40	65	60	364	424	159	145	304
*As not insane.....	1	1	2	.....	1	1	1	.....	1
Died.....	128	166	294	43	54	97	213	226	439
Whole number discharged during year.....	314	340	654	162	510	672	636	766	1,402
Remaining October 1, 1907.....	1,343	1,864	3,207	314	402	716	1,721	2,772	4,493

* Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 1—(Concluded)

Showing the number of registered insane remaining in the State Hospitals October 1, 1906, the number admitted on original commitments and by transfer during the year, the total number under treatment and the number remaining September 30, 1907

	CENTRAL ISLIP STATE HOSPITAL			ALL HOSPITALS		
	Men	Women	Total	Men	Women	Total
Remaining October 1, 1906.....	2,258	1,535	3,793	12,331	14,026	26,357
Admitted during year ending September 30, 1907.....	609	365	974	3,489	3,465	6,954
On original commitments:						
From residences.....	595	354	949	3,134	2,857	5,991
From county houses.....	14	11	25	69	45	114
By transfer from other institutions for insane.....				286	563	849
Total number under treatment during year.....	2,867	1,900	4,767	15,820	17,491	33,311
Daily average population.....	2,270	1,596	3,866	12,465	14,153	26,618
Capacity of institution.....	2,394	1,442	3,836	12,113	13,082	25,195
Discharged during year:						
As recovered.....	148	76	224	797	760	1,557
As improved.....	158	76	234	656	580	1,236
As unimproved.....	74	22	96	441	657	1,098
*As not insane.....	3	3	6	37	23	60
Died.....	198	99	297	1,209	1,049	2,258
Whole number discharged during year.....	579	276	855	3,140	3,069	6,209
Remaining October 1, 1907.....	2,288	1,624	3,912	12,680	14,422	27,102

* Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE No. 2
General Statement of State Hospitals September 30, 1907

	Utica State Hospital	Willard State Hospital	Hudson River State Hospital	Middletown State Homeopathic Hospital	Buffalo State Hospital
Date of opening.	1843	1869	1871	1874	1880
Total acreage of grounds and buildings.	455	1,205	812	281	183
Value of real estate, including buildings.	\$1,230,000 00	\$1,458,302 71	\$2,740,925 13	\$1,256,300 00	\$2,606,892 17
Value of personal property.	115,000 00	212,300 00	291,630 19	85,000 00	119,798 15
Acreage under cultivation.	340	847	4631		62
Receipts during year, maintenance fund:					
Balance on hand October 1, 1906.	\$5,941 79	\$12,232 60	\$110 19	\$3,583 22	\$3,156 32
From State treasury on estimates 1 to 12, inclusive.	228,027 04	399,244 44	473,694 88	244,995 54	330,176 67
Refunds during year.		35 55	83 44		64 42
Uniform material receipts over disbursements.					
Total receipts for maintenance.	\$233,968 83	\$411,513 29	\$473,888 51	\$248,578 76	\$333,397 41
Disbursements during year for maintenance:					
Estimate No. 1 For officers' salaries.	\$15,171 84	\$21,478 96	\$18,038 94	\$17,444 76	\$20,348 49
Estimate No. 2 For wages.	95,409 99	170,778 51	172,505 96	92,636 27	120,073 42
Estimate No. 3 For provisions and stores.	70,003 42	117,382 79	155,858 84	85,790 88	117,410 82
Estimate No. 4 For ordinary repairs.	4,106 12	7,727 38	12,333 51	4,729 57	9,196 16
Estimate No. 5 For farm and ground.	7,914 06	10,137 17	17,555 09	5,864 01	1,721 57
Estimate No. 6 For clothing of patients.	5,460 28	17,527 48	14,839 22	5,008 75	10,871 11
Estimate No. 7 For furniture and bedding.	5,628 27	12,969 63	13,410 37	6,669 43	11,325 05
Estimate No. 8 For books and stationery.	1,578 82	3,308 56	3,039 40	1,516 42	2,073 06
Estimate No. 9 For fuel and light.	18,158 60	34,695 80	50,796 50	20,408 65	26,996 26
Estimate No. 10 For medical supplies.	1,530 24	2,243 51	2,408 91	1,508 26	2,547 63
Estimate No. 11 For miscellaneous expenses.	7,369 92	11,554 36	13,396 09	5,974 92	9,946 57
Estimate No. 12 For transportation of patients.	1,637 27	2,769 14	5,667 92	985 54	887 27
Total disbursements, estimates 1 to 12 inclusive.	\$233,968 83	\$411,513 29	\$473,888 51	\$248,578 76	\$333,397 41
Less board moneys, etc., remitted to State Treasurer.	24,102 84	23,934 68	35,448 19	53,686 64	41,054 44
Less refunds.		55	83 44		64 42
Net cost to State, estimates 1 to 12 inclusive.	\$209,865 99	\$387,578 06	\$438,319 12	\$194,850 82	\$292,278 55
Balance on hand October 1, 1907, maintenance fund.				\$41 30	
Uniform material disbursements over receipts.			\$37 76		

STATE HOSPITAL STATISTICS

Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3 74	\$3 45	\$3 91	\$3 45	\$3 61
Total receipts from State Comptroller for extraordinary improvements.....	\$69,987 30	\$20,007 42	\$231,965 93	\$144,680 91	\$12,857 63
Total disbursements for extraordinary improvements.....	69,987 30	20,007 42	231,965 93	144,680 91	12,857 63
Receipts during year, manufacturing fund:					
Balance on hand October 1, 1906.....	\$9,595 03				
From sales.....	80,039 90				
From manufacture.....	5,940 55				
Total receipts, manufacturing fund.....	\$95,575 57				
Total disbursements during year, manufacturing fund.....	81,985 52				
Paid to State Treasurer.....	\$13,590 05				
Remitted to State Treasurer:					
From private patients.....	\$10,983 66	\$319 84	\$8,925 50	\$37,079 72	\$8,750 50
From reimbursing patients.....	12,642 97	21,231 81	25,779 64	15,625 70	30,284 34
From all other sources.....	476 21	†2,499 67	743 05	981 22	2,019 60
Interest treasurer State hospitals account at Albany.....					
Total remitted to State Treasurer.....	\$24,102 84	\$24,051 32	\$35,448 19	\$53,686 64	\$41,054 44
Maximum rate of wages paid attendants:					
Men.....					
Women.....					
Minimum rate of wages paid attendants:					
Men.....					
Women.....					
Proportion of day attendants to average daily population.....	1 to 10	1 to 11	1 to 10	1 to 10	1 to 12
Proportion of night attendants to average daily population.....	1 to 48	1 to 53	1 to 58	1 to 49	1 to 49
Percentage of daily patient population engaged in some kind of useful occupation.....	.51	.47	.64	.33	.53
Estimated value of farm and garden products during year.....	\$25,800 00	\$47,797 74	\$20,856 01	\$12,330 51	\$6,351 45
Estimated value of articles made or manufactured by patients during year.....	11,750 00	26,534 47	40,395 82	3,850 00	21,570 48

† Includes \$116.64, Partridge bank dividend.

* Includes rented lands.

STATE HOSPITAL STATISTICS

TABLE No. 2—(Continued)
General Statement of State Hospitals September 30, 1907

	Binghamton State Hospital	St. Lawrence State Hospital	Rochester State Hospital	Gowanda State Hospital	Kings Park State Hospital
Date of opening.....	1881	1890	1891	1898	1895
Total acreage of grounds and buildings.....	1113	990	217	500	890
Value of real estate, including buildings.....	\$1,300,000 00	\$2,532,405 72	\$626,076 24	\$998,082 02	\$3,796,989 08
Value of personal property.....	225,000 00	143,000 00	51,424 93	93,958 90	187,201 74
Acreage under cultivation.....	*1,060 00	460	140	304	299
Receipts during year maintenance fund:					
Balance on hand October 1, 1906.....	\$1,124 76	\$7,668 13	\$1,328 16	\$7,206 17	\$7,388 27
From State treasury on estimates 1 to 12, inclusive.....	305,559 86	343,997 55	252,944 83	158,379 49	548,411 33
Refunds during year.....	10	5 94	30 38	57 76	249 94
Uniform material receipts over disbursements.....	.....	.....	13 33	.....	51 93
Total receipts for maintenance.....	\$306,684 72	\$351,671 62	\$254,316 70	\$165,643 42	\$556,101 47
Disbursements during year for maintenance:					
Estimate No. 1 For officers' salaries.....	\$17,893 44	\$19,360 42	\$15,964 85	\$13,833 82	\$25,573 12
Estimate No. 2 For wages.....	115,998 96	126,963 87	87,131 98	61,587 61	186,532 32
Estimate No. 3 Provisions and stores.....	91,482 49	95,327 61	87,891 41	41,750 84	199,828 77
Estimate No. 4 For ordinary repairs.....	8,760 89	11,930 58	4,666 80	3,025 43	14,439 55
Estimate No. 5 For farm and ground.....	8,757 60	9,728 59	6,531 26	5,997 55	9,538 45
Estimate No. 6 For clothing of patients.....	9,586 27	11,834 69	10,388 74	3,814 52	3,998 82
Estimate No. 7 For furniture and bedding.....	5,764 69	10,194 09	5,335 65	2,777 51	3,820 74
Estimate No. 8 For books and stationery.....	2,120 05	2,194 81	2,538 79	1,432 12	3,209 75
Estimate No. 9 For fuel and light.....	36,108 49	48,160 38	23,639 79	21,396 02	59,326 07
Estimate No. 10 For medical supplies.....	1,700 28	1,727 03	2,145 29	872 89	1,628 95
Estimate No. 11 For miscellaneous expenses.....	7,568 80	10,256 41	7,669 41	7,583 37	16,396 89
Estimate No. 12 For transportation of patients.....	2,046 76	4,880 88	382 73	1,571 74	2,831 65
Total disbursements, estimates 1 to 12, inclusive.....	\$306,668 72	\$351,659 36	\$254,316 70	\$165,643 42	\$556,101 47
Less board moneys, etc., remitted to State Treasurer.....	14,255 57	19,185 68	17,620 22	9,848 28	31,204 08
Less refunds.....	10	5 94	30 38	57 76	249 94
Net cost to State, estimates 1 to 12, inclusive.....	\$292,413 05	\$332,467 74	\$236,666 10	\$155,737 38	\$524,647 45
Balance on hand October 1, 1907, maintenance fund.....	\$16 00	\$12 26	.....	.....	.....
Uniform material disbursements over receipts.....	.....	.....	.....	.....	.....

STATE HOSPITAL STATISTICS

Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3 74	\$3 67	\$3 82	\$3 53	\$3 42
Total receipts from State Comptroller for extraordinary improvements.....	\$203,301 57	\$8,766 45	\$24,294 11	\$37,078 17	\$49,222 74
Total disbursements for extraordinary improvements.....	203,301 57	8,766 45	24,294 11	37,078 17	49,223 80
Receipts during year, manufacturing fund:					
Balance on hand October 1, 1906.....	\$480 71	\$1 75	\$5,841 04		\$2,592 06
From sales.....	950 40	12,744 37	20,527 37		8,738 15
From maintenance.....			1,952 22		
Total receipts, manufacturing fund.....	\$1,431 11	\$12,746 12	\$28,320 63		\$11,330 21
Total disbursements during year, manufacturing fund.....	956 88	12,022 03	24,086 22		8,136 70
Paid to State Treasurer.....	\$474 23	\$724 09	\$4,234 41		\$3,193 51
Remitted to State Treasurer:					
From private patients.....	\$3,057 64	\$4,123 03	\$1,749 54	\$238 56	
From reimbursing patients.....	9,945 14	14,369 18	15,517 07	9,588 10	\$28,910 25
From all other sources.....	1,252 79	693 47	353 61	21 62	2,293 83
Interest treasurer State hospitals account at Albany.....					
Total remitted to State Treasurer.....	\$14,255 57	\$19,185 68	\$17,620 22	\$9,848 28	\$31,204 08
Maximum rate of wages paid attendants:					
Men.....					
Women.....					
Minimum rate of wages paid attendants:					
Men.....					
Women.....					
Proportion of day attendants to average daily population.....	1 to 9	1 to 10	1 to 10	1 to 11	1 to 10
Proportion of night attendants to average daily population.....	1 to ?	1 to 53	1 to 50	1 to 53	1 to 53
Percentage of daily patient population engaged in some kind of useful occupation.....	.50	.60	.63	.46	.53
Estimated value of farm and garden products during year.....	\$26,557 19	\$34,829 11	\$17,092 51	\$23,660 27	\$17,979 47
Estimated value of articles made or manufactured by patients during year.....	19,000 00	33,714 61	15,789 21	3,150 00	42,833 30

* Includes rented lands.

† Includes \$1.06 refund.

STATE HOSPITAL STATISTICS

TABLE No. 2—(Concluded)
General Statement of State Hospitals September 30, 1907

	Long Island State Hospital	Manhattan State Hospital	Central Islip State Hospital	All Hospitals
Date of opening.....	1895	1896	1889	.....
Total acreage of grounds and buildings.....	25	245	1,000	7,916
Value of real estate, including buildings.....	.....	\$4,150,000 00	\$2,088,581 31	\$24,814,554 38
Value of personal property.....	\$77,000 00	286,000 00	242,959 00	2,130,272 91
Acreage under cultivation.....	12	65	264	4,484
Receipts during year, maintenance fund:				
Balance on hand October 1, 1906.....	\$7,264 90	\$86,445 99	\$3,032 57	\$86,483 07
From State treasury on estimates 1 to 12, inclusive.....	169,061 85	751,994 38	619,761 74	4,826,249 66
Refunds during year.....	10 23	230 27	38 55	771 58
Uniform material receipts over disbursements.....	.....	.....	.....	100 96
Total receipts for maintenance.....	\$176,336 98	\$758,670 64	\$622,832 86	\$4,893,605 21
Disbursements during year for maintenance:				
Estimate No. 1 For officers' salaries.....	\$13,654 41	\$43,292 24	\$23,936 45	\$265,991 74
Estimate No. 2 For wages.....	64,630 86	267,115 60	196,958 04	1,758,323 39
Estimate No. 3 For provisions and stores.....	60,821 07	278,151 89	225,175 05	1,626,875 88
Estimate No. 4 For ordinary repairs.....	3,126 47	25,595 64	21,423 25	129,071 35
Estimate No. 5 For farm and ground.....	2,214 81	10,616 90	10,808 07	101,405 13
Estimate No. 6 For clothing of patients.....	19,394 21	32,214 50	34,005 61	178,944 20
Estimate No. 7 For furniture and bedding.....	14,809 15	20,315 43	17,687 58	130,797 59
Estimate No. 8 For books and stationery.....	1,437 28	4,056 56	2,663 91	30,169 53
Estimate No. 9 For fuel and light.....	13,230 48	39,976 68	63,400 83	456,294 55
Estimate No. 10 For medical supplies.....	4,111 54	5,846 11	2,836 22	31,106 86
Estimate No. 11 For miscellaneous expenses.....	7,539 40	31,055 47	2,398 48	157,730 09
Estimate No. 12 For transportation of patients.....	130 11	285 60	2,539 37	26,555 98
Total disbursements, estimates 1 to 12, inclusive.....	\$176,253 40	\$758,522 62	\$622,832 86	\$4,893,266 29
Less board moneys, etc., remitted to State Treasurer.....	8,835 40	27,264 98	13,737 78	322,970 31
Less refunds.....	10 23	230 27	38 55	771 58
Net cost to State, estimates 1 to 12, inclusive.....	\$167,407 77	\$731,027 37	\$609,056 53	\$4,569,524 40
Balance on hand October 1, 1907, maintenance fund.....	.....	\$0 32	.....	\$69 88
Uniform material disbursements over receipts.....	\$83 58	\$147 70	.....	\$269 04

STATE HOSPITAL STATISTICS

Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....					\$3 54
Total receipts from State Comptroller for extraordinary improvements.....	\$2,284 28	\$73,494 40	\$42,941 17	\$3 10	\$920,882 08
Total disbursements for extraordinary improvements.....	2,284 28	73,494 40	42,941 17		†920,883 14
Receipts during year, manufacturing fund:					
Balance on hand October 1, 1906.....					\$18,510 59
From sales.....					123,000 28
From maintenance.....					7,892 77
Total receipts, manufacturing fund.....					\$149,403 64
Total disbursements during year, manufacturing fund.....					127,187 35
Paid to State Treasurer.....					\$22,216 29
Remitted to State Treasurer:					
From private patients.....					\$75,227 99
From reimbursing patients.....	\$8,204 07	\$30,113 29	\$12,405 49		\$294,677 05
From all other sources.....	**1,771 33	7,151 69	1,332 29		21,590 38
Interest treasurer State hospitals account at Albany.....					2,791 53
Total remitted to State Treasurer.....	\$10,035 40	\$27,264 98	\$13,737 78		\$324,286 95
Maximum rate of wages paid attendants:					
Men.....					\$30 00
Women.....					22 50
Minimum rate of wages paid attendants:					
Men.....					22 00
Women.....					16 00
Proportion of day attendants to average daily population.....	1 to 9	1 to 12	1 to 11		1 to 10
Proportion of night attendants to average daily population.....	1 to 40	1 to 41	1 to 73		1 to 7
Percentage of daily patient population engaged in some kind of useful occupation.....	47	78	69		
Estimated value of farm and garden products during year.....	\$1,377 62	\$16,455 87	\$16,497 13		\$267,584 88
Estimated value of articles made or manufactured by patients during year.....	3,000 00	62,706 45	28,831 32		313,125 66

† Includes \$2,267.82, purchasing steward's account transferred to maintenance fund.

‡ Includes \$1 06 refund.

** Includes \$1,200.00 L. I. ticket fund.

STATE HOSPITAL STATISTICS

TABLE 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPO- SITION		
	Men	Women	Total	Men	Women	Total
Moral:						
Adverse conditions (such as loss of friends, business, etc)	74	157	231	18	31	49
Mental strain, worry and overwork (not included in above)	162	213	375	30	61	91
Religious excitement	11	22	33	2	4	6
Love affairs (including seduction)	7	53	60	1	17	18
Fright and nervous shock	25	57	82	7	13	20
Physical:						
Intemperance	693	210	903	159	55	214
Sexual excess	7	3	10	3	1	4
Venereal diseases	189	54	243	33	9	42
Masturbation	57	5	62	20	.....	20
Sunstroke	26	1	27	6	.....	6
Accident or injury	88	21	109	9	4	13
Pregnancy . . . . .	.....	35	35	.....	8	8
Parturition and puerperium . . . . .	.....	104	104	.....	24	24
Lactation . . . . .	.....	17	17	.....	4	4
Involutional period	8	134	142	.....	33	33
Fevers	8	6	14	1	2	3
Privation and overwork	45	47	92	6	8	14
Epilepsy	100	81	181	16	18	34
Other convulsive disorders	4	1	5	1	.....	1
Diseases of skull and brain	37	42	79	8	12	20
Old age	213	285	498	33	41	74
Exophthalmic goitre . . . . .	.....	4	4	.....	1	1
Epidemic influenza	7	9	16	2	2	4
Abuse of drugs	41	32	73	8	6	14
Loss of special sense	2	1	3	.....	.....	.....
Uræmic poisoning	3	1	4	1	.....	1
Other auto-infection	1	.....	1	.....	.....	.....

STATE HOSPITAL STATISTICS

Table 3—(Concluded)

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPO- SITION		
	Men	Women	Total	Men	Women	Total
Physical—Continued:						
All other bodily disorders and ill health	130	172	302	33	44	77
Hereditary	182	322	504	255	364	619
Congenital defect	160	127	287	43	32	75
Unascertained	1,171	1,233	2,404	136	138	274
*Not insane	38	16	54	4	2	6
Total	3,489	3,465	6,954	835	934	1,769

* Includes cases of alcoholism, morphia habit, etc.

TABLE 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907

FORM	YEAR ENDING SEPTEMBER 30, 1907		
	Ad- mitted	Re- covered	Died
Alcoholic insanity	754	370	73
General paralyse	599		447
Senile insanity	631	4	465
Epilepsy with insanity	223	23	129
Imbecility, idiocy with insanity	150	16	23
Other psychoses	4,538	1,144	1,119
*Not insane	59		2
Total	6,954	1,557	2,258

* Includes cases of alcoholism, drug habit, etc.

STATE HOSPITAL STATISTICS

TABLE 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	278	258	536	35	6	41	3,258	3,377	6,635	289	167	456
One to three months.....	151	178	329	182	142	324	2,216	2,398	4,614	2,163	1,763	3,926
Three to six months.....	79	95	174	269	256	525	1,061	1,261	2,322	2,986	3,220	6,206
Six to nine months.....	41	38	79	125	142	267	573	635	1,208	1,705	1,979	3,684
Nine months to one year.....	19	17	36	64	70	134	245	264	509	883	1,098	1,981
One year to eighteen months.....	33	21	54	62	67	129	372	396	768	892	984	1,876
Eighteen months to two years.....	13	15	28	17	17	34	133	123	256	298	304	602
Two to three years.....	30	17	47	20	29	49	246	269	515	303	367	670
Three to four years.....	4	9	13	4	11	15	113	103	216	153	163	316
Four to five years.....	8	3	11	10	9	19	62	63	125	80	71	151
Five to ten years.....	10	5	15	5	7	12	141	133	274	101	106	207
Ten to twenty years.....	12	1	13	2	3	5	44	57	101	24	37	61
Twenty to thirty years.....				1		1				1		1
Thirty to forty years.....										1		1
*Not insane.....	1		1	1	1	2	4	3	7	2	2	4
Unascertained.....	118	103	221				1,413	1,179	2,592			
Totals.....	797	760	1,557	797	760	1,557	9,881	10,261	20,142	9,881	10,261	20,142

*Includes cases of alcoholism, opium habit, etc.

STATE HOSPITAL STATISTICS

TABLE 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	2	2	4	83	53	136
Scarlet fever.....				1		1
Measles.....				2	1	3
Mumps.....				1	6	7
Small pox.....				2	2	4
Influenza.....		1	1	27	81	108
Cerebro-spinal meningitis.....				2	3	5
Diphtheria.....				2	8	10
Erysipelas.....	14	11	25	115	109	224
Septicemia and pyemia.....	16	10	26	137	94	231
Dysentery.....	5	10	15	126	207	333
Malarial affections.....				1	4	5
Syphilis.....				14	18	32
Tuberculosis.....	151	169	320	1,676	3,213	4,889
Anthrax.....				2		2
Constitutional diseases:						
Rheumatism (or rheumatic affections).....	1		1	5	6	11
Arthritis deformans.....					2	2
Gout.....					1	1
Diabetes mellitus and diabetes insipidus.....	3	6	9	21	24	45
Scurvy, purpura and hæmophilia.....		1	1	4	15	19
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....		4	4	13	16	29
Diseases of stomach..	3	6	9	847	1,087	1,934
Diseases of the intestines.....	26	80	106			

STATE HOSPITAL STATISTICS

Table 7—(Continued)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the liver..	8	5	13	98	66	164
Diseases of the pancreas.....				3	1	4
Diseases of the peritoneum.....	8	6	14	88	80	168
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				6	4	10
Diseases of the bronchi	7	15	22	154	159	313
Diseases of the lungs..	156	155	311	2,160	1,563	3,723
Diseases of the pleura.	1		1			
Diseases of the circulatory system:						
Diseases of the pericardium.....	2	1	3	23	77	100
Diseases of the heart..	135	159	294	1,927	1,960	3,887
Arterio-sclerosis.....	72	71	143			
Aneurism.....	1	1	2	22	19	41
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....	1	2	3	11	23	34
Hodgkin's disease, Addison's disease and myxedema.....	1		1	5	3	8
Exophthalmic goitre.....		1	1		11	11
Diseases of the genitourinary system.....	43	67	110	889	855	1,744
Nephritis.....				21	15	36
Diseases of the nervous system:						
Diseases of the nerves	1	3	4	4	23	27
Diseases of the spinal cord.....	2	3	5	53	29	82
Diseases of the meninges.....	6	1	7	183	93	276

STATE HOSPITAL STATISTICS

Table 7—(Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Organic diseases of the brain(tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)...	59	47	106	1,030	1,081	2,111
Functional nervous diseases (paralysis agitans, chorea, ecclampsia, hysteria, neurasthenia).....	1	.....	1	13	63	76
Epilepsy.....	31	15	46	622	364	986
Mental diseases:						
Exhaustion of acute mental disease....	58	54	112	1,455	1,487	2,942
Exhaustion of chronic mental disease..						
General paralysis of the insane.....	341	78	419	4,265	819	5,084
The intoxications, heat-stroke, obesity:						
Alcoholism.....	4	1	5	12	4	16
Opium habit.....				2	1	3
Metallic poisoning.....				11	5	16
Heat-stroke.....		1	1		4	4
Obesity.....	1	.....	1	1	.....	1
Debility of old age.....	10	15	25	675	955	1,630
Accident.....	7	1	8	90	39	129
Suicide.....	5	6	11	105	50	155
Surgical and gynecological diseases and diseases of the skin....	9	10	19	226	460	686
Malignant new growths or cancer.....	17	28	45			
Unknown.....	1	3	4	1	4	5
Total.....	1,209	1,049	2,258	17,236	15,267	32,503

STATE HOSPITAL STATISTICS

TABLE 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch...	236	235	471	3,239	3,054	6,293
Maternal branch...	219	286	505	3,310	4,045	7,355
Paternal and maternal branches....	27	38	65	604	668	1,272
Collateral branches	200	250	450	3,671	4,581	8,252
No hereditary tendency.....	1,990	1,926	3,916	25,455	23,995	49,450
Unascertained.....	817	730	1,547	15,789	15,501	31,290
*Not insane.....				84	17	101
Total.....	3,489	3,465	6,954	52,152	51,861	104,013

*Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE 9

Showing civil condition of patients admitted during the current year and since
October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	1,783	1,385	3,168	25,622	19,432	45,054
Married.....	1,380	1,465	2,845	20,900	21,979	42,879
Widowed.....	270	538	808	4,203	8,982	13,185
Divo ced.....	16	31	47	279	372	651
Unascertained.....	40	46	86	1,148	1,096	2,244
Total.....	3,489	3,465	6,954	52,152	51,861	104,013

TABLE 10

Showing degree of education of patients admitted during the current year and
since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	52	18	70	1,069	246	1,315
Academic.....	135	148	283	1,778	2,267	4,045
Common school....	1,548	2,232	3,780	27,906	24,907	52,813
Read and write....	565	205	770	8,813	8,965	17,778
Read only.....	36	80	116	1,439	2,288	3,727
No education.....	756	201	957	4,073	4,589	8,662
Unascertained.....	397	581	978	7,074	8,599	15,673
Total.....	3,489	3,465	6,954	52,152	51,861	104,013

STATE HOSPITAL STATISTICS

TABLE 11

Showing the duration of insanity previous to admission and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT
	Men	Women	Total	Men	Women	Total
Under one month.....	127	118	245	189	144	333
One to three months.....	127	95	222	137	87	224
Three to six months.....	91	71	162	114	88	202
Six to nine months.....	81	51	132	82	73	155
Nine months to one year.....	34	32	66	49	52	101
One year to eighteen months.....	112	62	174	84	85	169
Eighteen months to two years.....	36	33	69	70	41	111
Two to three years.....	87	77	164	79	69	148
Three to four years.....	46	52	98	54	55	109
Four to six years.....	64	61	125	75	76	141
Six to ten years.....	40	40	80	98	115	213
Ten to twenty years.....	41	62	103	115	116	231
Twenty years and over.....	29	40	69	52	48	100
*Not insane.....	1		1			
Unascertained.....	293	255	548	11	5	16
Totals.....	1,209	1,049	2,258	1,209	1,049	2,258
				17,236	15,267	32,503
				17,236	15,267	32,503

*Includes cases of alcoholism morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years				4	4	8
From 10 to 15 years	4	5	9	147	115	262
From 15 to 20 years	184	181	365	2,304	2,144	4,448
From 20 to 25 years	413	364	777	5,255	4,957	10,212
From 25 to 30 years	393	430	823	6,191	6,204	12,395
From 30 to 35 years	465	433	898	6,639	6,400	13,039
From 35 to 40 years	442	429	871	6,929	6,254	13,183
From 40 to 50 years	698	681	1,379	10,487	10,304	20,791
From 50 to 60 years	446	399	845	6,760	7,002	13,762
From 60 to 70 years	234	306	540	4,188	4,537	8,725
From 70 to 80 years	149	168	317	2,249	2,484	4,733
From 80 to 90 years	46	55	101	599	701	1,300
From 90 to 100 years	4	4	8	28	38	66
Unascertained	11	10	21	372	717	1,089
Total	3,489	3,465	6,954	52,152	51,861	104,013

TABLE 13

Showing ages of those discharged recovered during the current year and
since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years					1	1
From 10 to 20 years	55	61	116	655	770	1,425
From 20 to 30 years	195	200	395	2,678	3,252	5,930
From 30 to 40 years	223	221	444	2,641	2,858	5,499
From 40 to 50 years	179	137	316	2,151	1,897	4,048
From 50 to 60 years	99	102	201	1,120	1,039	2,159
From 60 to 70 years	32	34	66	493	357	850
From 70 to 80 years	12	4	16	117	70	187
From 80 to 90 years		1	1	5	4	9
Unascertained	2		2	21	13	34
Total	797	760	1,557	9,881	10,261	20,142

STATE HOSPITAL STATISTICS

TABLE 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				8	13	21
From 15 to 20 years....	15	10	25	189	177	366
From 20 to 25 years....	29	29	58	566	556	1,122
From 25 to 30 years....	53	43	96	896	845	1,741
From 30 to 35 years....	87	81	168	1,473	1,134	2,607
From 35 to 40 years....	135	79	214	2,013	1,302	3,315
From 40 to 50 years....	257	175	432	3,693	2,732	6,425
From 50 to 60 years....	219	177	396	3,075	2,730	5,805
From 60 to 70 years....	192	187	379	2,675	2,733	5,408
From 70 to 80 years....	164	176	340	1,922	2,133	4,055
From 80 to 90 years....	52	81	133	656	805	1,461
From 90 to 100 years....	4	5	9	24	70	94
Unascertained.....	2	6	8	46	37	83
Total.....	1,209	1,049	2,258	17,236	15,267	32,503

STATE HOSPITAL STATISTICS

TABLE 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	608	695	1,303
One to three months.....	460	467	927
Three to six months.....	335	319	654
Six to nine months.....	233	180	413
Nine months to one year.....	105	101	206
One year to eighteen months.....	233	180	413
Eighteen months to two years.....	93	90	183
Two to three years.....	202	214	416
Three to four years.....	112	145	257
Four to five years.....	86	105	191
Five to ten years.....	141	190	331
Ten to fifteen years.....	60	120	180
Fifteen to twenty years.....	25	37	62
Twenty to thirty years.....	21	44	65
Thirty years and upwards.....	13	25	38
*Not insane.....	36	19	55
Unascertained.....	726	534	1,260
Total.....	3,489	3,465	6,954

* Includes cases of alcoholism, morphia habit, etc.

STATE HOSPITAL STATISTICS

TABLE 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	287	238	525
One to three months.....	433	488	921
Three to six months.....	538	601	1,139
Six to nine months.....	373	435	808
Nine months to one year.....	418	563	981
One year to eighteen months.....	760	833	1,593
Eighteen months to two years.....	398	657	1,055
Two to three years.....	945	1,184	2,129
Three to four years.....	716	982	1,698
Four to five years.....	778	922	1,700
Five to ten years.....	2,556	3,040	5,596
Ten to fifteen years.....	2,126	2,098	4,224
Fifteen to twenty years.....	1,393	1,378	2,771
Twenty to thirty years.....	786	767	1,553
Thirty years and upwards.....	173	236	409
Total.....	12,680	14,422	27,102

STATE HOSPITAL STATISTICS

TABLE 17

Showing the occupation of those admitted during the current year
and since October 1, 1888

OCCUPATION	YEAR ENDING SEPT. 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, au- thors, civil engineers, surveyors, etc.	110	19	129	1,771	155	1,926
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeep- ers, shopmen, stenog- raphers, typewriters, etc.	484	13	497	7,465	107	7,572
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	334		334	5,932	11	5,942
Mechanics at outdoor vo- cations:						
Blacksmiths, carpen- ters, engine-fitters, sawyers, painters, police, etc.	500		500	8,560	4	8,564
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, tail- ors, weavers, bakers, etc.	514	16	530	7,427	74	7,501
Domestic service:						
Waiters, cooks, serv- ants, etc.	91	1,109	1,200	1,932	19,105	21,037
Educational and higher domestic duties:						
Governesses, teacher- students, housekeep- ers, nurses, etc.	30	1,483	1,513	449	21,412	21,861

STATE HOSPITAL STATISTICS

Table 17—(Concluded)

OCCUPATION	YEAR ENDING SEPT. 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales-						
women, stenograph-						
ers, typewriters, etc.	19	91	110	324	816	1,140
Employed in sedentary						
occupation:						
Tailoresses, seamstress-						
es, bookbinders, fac-						
tory workers, etc....	80	257	337	385	3,925	4,310
Miners, seamen, etc.....	45		45	581		581
Prostitutes.....		5	5		81	81
Laborers.....	938	1	939	12,959	3	12,962
No occupation.....	274	413	687	3,052	4,768	7,820
Unascertained.....	70	58	128	1,315	1,400	2,715
Total	3,489	3,465	6,954	52,152	51,861	104,013

STATE HOSPITAL STATISTICS

TABLE 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Total admissions.....	3,489	3,465	6,954	52,152	51,861	104,013
Total born in United States.....	2,000	1,827	3,827	28,812	25,379	54,191
Africa.....				8	2	10
Algeria.....				5	1	6
Alsace.....				1		1
Antigua.....				1		1
Arabia.....				4		4
Armenia.....	1		1	18	3	21
Austria.....	85	100	185	775	823	1,598
Australia.....	1		1	7	6	13
Azores (Portugal).....					2	2
Bahama Islands.....				1		1
Barbadoes.....	1		1	5		5
Bavaria.....		1	1	29	13	42
Belgium.....	4	2	6	28	18	46
Bohemia.....	8	7	15	121	168	289
Born at sea.....				3	1	4
Brazil.....				1	1	2
Bulgaria.....	1		1	2		2
Burmah.....					1	1
Canada.....	73	79	152	992	1,066	2,058
Canary Islands.....				2		2
Central America.....		1	1	2	2	4
Ceylon.....				1		1
China.....	8	1	9	80	1	81
Corsica.....				1		1
Cuba.....		2	2	27	28	55
Denmark.....	8	12	20	114	102	216
East Indies.....				1		1
Ecuador.....				1		1
Egypt.....	1	2	3	4	3	7
England.....	91	102	193	1,622	1,457	3,079
Finland.....	3	9	12	51	89	140
France.....	23	17	40	384	301	685
Galatia.....	1	4	5	1	5	6

STATE HOSPITAL STATISTICS

Table 18—(Continued)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Germany	282	274	556	5,647	5,504	11,151
Greece	8	1	9	49	2	51
Holland	6	2	8	94	81	175
Honolulu					1	1
Hungary	41	62	103	371	486	857
Iceland				1	1	2
India				6	2	8
Indian (American)				5	7	12
Ireland	281	535	816	6,413	10,499	16,912
Isle of Man					1	1
Italy	182	74	256	1,304	736	2,040
Jamaica				1	1	2
Japan		1	1	19	3	22
Jerusalem	1		1	1		1
Korea	1		1	2		2
Lithuania					1	1
Macedonia					1	1
Madeira					1	1
Malta				7	1	8
Montenegro				1		1
Mexico				8	1	9
Moravia				1		1
New Brunswick				3	4	7
Newfoundland		1	1	4	5	9
Norway	14	14	28	172	131	303
Nova Scotia	2		2	12	12	24
Other British possessions	1	2	3	31	7	38
Palestine					1	1
Persia				2		2
Philippines				1		1
Poland	41	31	72	361	275	636
Porto Rico				4	1	5
Portugal	1		1	3		3
Prussia	1	2	3	10	12	22
Roumania	15	15	30	93	92	185
Russia	192	159	351	1,594	1,708	3,302

STATE HOSPITAL STATISTICS

Table 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Sandwich Islands.....				1		1
Saxony.....				1	3	4
Scotland.....	30	23	53	399	363	762
Sicily.....				1		1
South America.....	2	2	4	14	4	18
Spain.....	6	2	8	49	8	57
Sweden.....	27	37	64	521	571	1,092
Switzerland.....	7	14	21	244	233	477
Syria.....	8	3	11	15	15	30
Turkey.....	5	1	6	42	14	56
U. S. of Colombia.....					2	2
Venezuela.....					1	1
Wales.....	2	5	7	89	82	171
West Indies.....	10	11	21	119	67	186
Unascertained.....	14	28	42	1,333	1,449	2,782

STATE HOSPITAL STATISTICS

[illegible]

STATE HOSPITAL STATISTICS

[illegible]

STATE HOSPITAL STATISTICS

Table 19—(Concluded)
 Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	LONG ISLAND STATE HOSPITAL			MANHATTAN STATE HOSPITAL			CENTRAL ISLIP STATE HOSPITAL			ALL HOSPITALS		
	Public	Private	Total	Public	Private	Total	Public	Private	Total	Public	Private	Total
Albany										114	1	115
Allegany				1		1				24		24
Broome										70		70
Cattaraugus				1		1				39		39
Cayuga										38		38
Chautauqua										68	1	69
Chemung										33		33
Chemung										24		24
Chenango										33		33
Clinton										35	2	37
Columbia										16		16
Cortland										24		24
Delaware				2		2				101		101
Dutchess										377	10	387
Erie										13		13
Essex										40		40
Franklin										22		22
Fulton										23		23
Genesee										15		15
Greene												
Hamilton										38		38
Herkimer										43		43
Jefferson										21	3	24
Kings				87		87				1,435		1,435
Lewis										12		12
Livingston	272		272							32	1	33
Madison				3		3				28		28
Monroe										202	5	207
Montgomery										28		28
Nassau										26		26
New York				1,180		1,180				2,281	6	2,287
Niagara										52		52
Oneida										126	2	128

STATE HOSPITAL STATISTICS

Onondaga.....	10	10	10	10	59	59	83	6	114	1	115
Ontario.....	1	1	1	1	1	1	96	21	33	4	33
Orange.....							46	21	101		105
Orleans.....							21	62	20		20
Oswego.....							62	24	62		62
Otsego.....							6	6	24		24
Putnam.....							83	59	6		6
Queens.....	10	10	10	10	59	59	83	6	83		83
Rensselaer.....	1	1	1	1	1	1	96	21	33		96
Richmond.....							46	21	101		46
Rockland.....							21	62	20		21
St. Lawrence.....							62	24	62		62
Saratoga.....							6	6	24		6
Schenectady.....							83	59	6		83
Schoharie.....							96	21	33		96
Schuyler.....							46	21	101		46
Seneca.....							21	62	20		21
Steuuben.....							62	24	62		62
Suffolk.....							6	6	24		6
Sullivan.....							83	59	6		83
Toga.....							96	21	33		96
Tompkins.....							46	21	101		46
Ulster.....							21	62	20		21
Warren.....							62	24	62		62
Washington.....							6	6	24		6
Wayne.....							83	59	6		83
Westchester.....							96	21	33		96
Wyoming.....							46	21	101		46
Yates.....							21	62	20		21
State patients.....		20	20	20	20	20	28	28	187	1	189
Unascertained.....		161	161	161	161	161	162	162	24		24
Soldiers' Home.....							3	3	3		3
Total.....	283	1,516	1,516	1,516	974	974	6,901	53	6,954		6,954

STATE HOSPITAL STATISTICS

[illegible]

STATE HOSPITAL STATISTICS

Table 20—(Continued)
Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	MIDDLETOWN STATE HOMEOPATHIC HOSPITAL						BUFFALO STATE HOSPITAL						BINGHAMTON STATE HOSPITAL					
	PUBLIC			PRIVATE			PUBLIC			PRIVATE			PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Albany.....	8	6	14						4				26	19	45			
Allegany.....								1					1		1			
Broome.....	1		1					2	3				129	129	258		1	1
Cattaraugus..								3	6									
Cayuga.....		1	1		1								2	1	3			
Chautauqua..		1	1					7	7		4	4						
Chemung.....	3	1	4					1	1		1	1	83	76	159			1
Chemung.....	1	1	2										51	55	106		1	
Clinton.....																		
Columbia.....		1	1		1								1	2	3			
Cortland.....													27	41	68			1
Delaware.....	3	20	23		1	1							56	55	111			1
Dutchess.....	1	1	2		2								3	7	10			
Erie.....		1	1					648	691	1,339	4	9	13	1	1	2		
Essex.....																		
Franklin.....																		
Fulton.....	1	1	2		1								8	4	12			
Genesee.....								2	15	17								
Greene.....		2	2		1	1							6	12	18			
Hamilton.....																		
Herkimer.....								3	3				1	1	2			
Jefferson.....																		
Kings.....	23	27	50		9	15		48	48				51	18	69		1	2
Lewis.....																		
Livingston...	1		1		1			3	5				53	2	3			
Madison.....		2	2		1			1	1				1	48	49			

STATE HOSPITAL STATISTICS

[illegible]

NINETEENTH ANNUAL REPORT OF THE
STATE HOSPITAL STATISTICS

Table 20—(Continued)
Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

[illegible]

STATE HOSPITAL STATISTICS

[illegible]

STATE HOSPITAL STATISTICS

Table 20—(Concluded)
Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	COWANDA STATE HOMEOPATHIC HOSPITAL						ALL HOSPITALS					
	PUBLIC			PRIVATE			PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Albany.....	8	3	11				341	403	744	4	5	9
Alegany.....		1	1				57	56	113			
Broome.....	1		1				132	130	262		2	2
Cattaraugus.....	63	85	148		1	1	68	90	158		1	1
Cayuga.....							100	89	189		3	3
Chautauqua.....	126	132	258				127	141	268		4	4
Chemung.....	2		2				115	103	218		3	3
Chenango.....							54	57	111			
Clinton.....							47	59	106		1	1
Columbia.....							69	77	146		1	1
Corland.....							29	43	72			
Delaware.....							59	77	136		1	1
Dutchess.....	3		3				214	170	384		4	4
Erie.....	99	97	196				794	797	1,591		5	5
Essex.....							37	23	60			
Franklin.....							52	56	108			
Fulton.....	2		2				69	62	131		2	2
Genesee.....	1	3	4				37	44	81			
Greene.....							42	49	91		1	1
Hamilton.....							4		4			
Herkimer.....	2	1	3				58	98	156		1	1
Jefferson.....							93	88	181		2	2
Kings.....							1,887	2,289	4,176		9	9
Lewis.....		1	1				44	32	76			
Livingston.....	2	1	3				43	48	91		1	1
Madison.....	1	1	2				73	68	141		2	2

STATE HOSPITAL STATISTICS

Monroe.....	10	2	12	871	3	6	9
Montgomery.....	4	6	10	379	492	82	151
Nassau.....	82	10	63	69	1	2	3
New York.....	73	12	85	40	35	75	12
Niagara.....	7	4	6	3,530	4,587	24	39
Oneida.....	12	16	28	105	114	219	63
Onondaga.....	6	1	7	277	254	531	12
Ontario.....	6	1	7	217	242	459	5
Orange.....	3	3	3	95	101	196	1
Orleans.....	3	3	3	179	213	392	15
Oswego.....	1	1	1	26	29	55	26
Otsego.....	1	1	1	108	103	211	1
Putnam.....	1	1	1	50	60	110	2
Queens.....	3	1	4	26	25	51	2
Rensselaer.....	5	4	9	199	174	373	1
Richmond.....	5	4	9	234	310	564	4
Rockland.....	2	2	2	105	102	207	5
St. Lawrence.....	1	1	1	51	58	109	2
Saratoga.....	2	6	8	135	125	260	3
Schenectady.....	6	1	7	78	105	183	5
Schoharie.....	2	2	2	76	45	121	5
Schuyler.....	2	2	2	29	36	65	2
Seneca.....	2	2	2	30	32	62	1
Staten.....	2	2	2	52	39	91	2
Suffolk.....	1	2	3	125	119	244	3
Sullivan.....	1	2	3	146	119	265	3
Tioga.....	2	2	2	46	55	101	1
Tompkins.....	2	2	2	33	47	80	2
Ulster.....	2	2	2	50	60	110	1
Warren.....	2	2	2	138	144	282	14
Washington.....	1	1	1	32	66	98	9
Wayne.....	1	1	1	49	60	109	1
Westchester.....	2	2	2	73	56	129	3
Wyoming.....	31	25	56	341	340	687	10
Yates.....	14	14	14	41	36	77	1
Unascertained.....	1	1	1	22	37	59	3
Soldiers' Home.....	1	1	1	684	586	1,270	18
State patients.....	1	1	1	18	14	37	18
Total.....	489	414	903	1	1	171	275

Population State Hospital Districts
Environment and Insanity
Environment and Alcoholism
Ratio of Commitments to Population
The Increase in Commitments
Causes of Death in the Sane and Insane Populations
Analysis of Per Capita Costs
Comparative Expenditures

A SERIES OF EIGHT GRAPHIC CHARTS

[397a]

CHART I

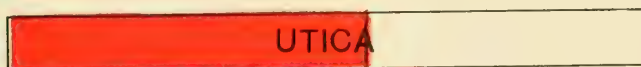
This chart shows the percentage of urban population in each State hospital district. The character of the population of the different State hospital districts varies from that of the metropolitan districts (Manhattan, Long Island, Kings Park and Central Islip), with 97 per cent. living in cities, to that of the district of the Willard State Hospital, in which all but 20 per cent. live on farms or in very small communities. Receiving patients from such widely different environments, each State hospital furnishes a separate field for the investigation of the influence of environment upon the causative factors of insanity. It is intended, in succeeding reports, to trace some of the relations of urban and rural life upon the prevalence of certain types of mental disease, especially general paralysis. In last year's report a map to show the relation of density of population to the proportion of admissions with hereditary defect was introduced and, in the present series, the influence of environment upon the prevalence of alcoholism is shown.

The distinction between urban and rural population is necessarily an arbitrary one and, for this chart and those which follow, the United States Census Bureau classification, which includes in urban population all that comprised in places having 8,000 or more inhabitants, is adopted.

POPULATION STATE HOSPITAL DISTRICTS

 PER CENT URBAN

 PER CENT RURAL



UTICA



WILLARD



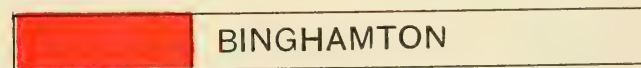
HUDSON RIVER



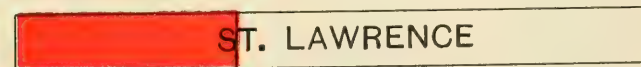
MIDDLETOWN



BUFFALO



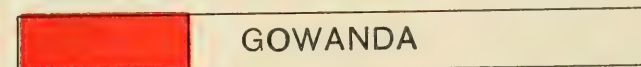
BINGHAMTON



ST. LAWRENCE



ROCHESTER



GOWANDA

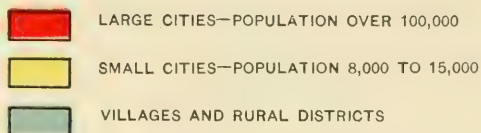


METROPOLITAN DISTRICTS

CHART 2

This chart shows the prevalence of insanity, as indicated by the number of original commitments per 10,000 population during the year ended September 30, 1907, in groups of communities having different density of population. The rural counties of the State, those having no community with as many as 8,000 inhabitants, constitute one group. In this group the average number of original commitments was only 5.5 per 10,000. The large cities of the State (New York, Buffalo, Rochester, Syracuse and Albany) had an average number of original commitments of 8.06 per 10,000. The small cities and large villages of the State had the highest rate, 10.2 per 10,000. If the rate throughout the State had been the same as that of the rural counties, the whole number of original commitments during the year would have been 4,537 instead of the actual number, 6,108, while, if the high rate of the small cities had prevailed throughout the State, the total number of original commitments during the year would have been 8,228. The prevalence of insanity in the small cities of the State is striking, and a careful search has been made for any adventitious factors which may have made the statistics misleading, but none such was found, and a study of admissions on original commitment in former years shows that the conditions shown in this chart are not exceptional. The social, economic or other conditions which are responsible for such a disproportionate prevalence of mental diseases in small cities can only be discovered by a complete analysis, with reference to sex, age, occupation and types of disease, of all the facts obtainable.

ENVIRONMENT AND INSANITY



NUMBERS INDICATE ORIGINAL COMMITMENTS PER 10,000 POPULATION—1907

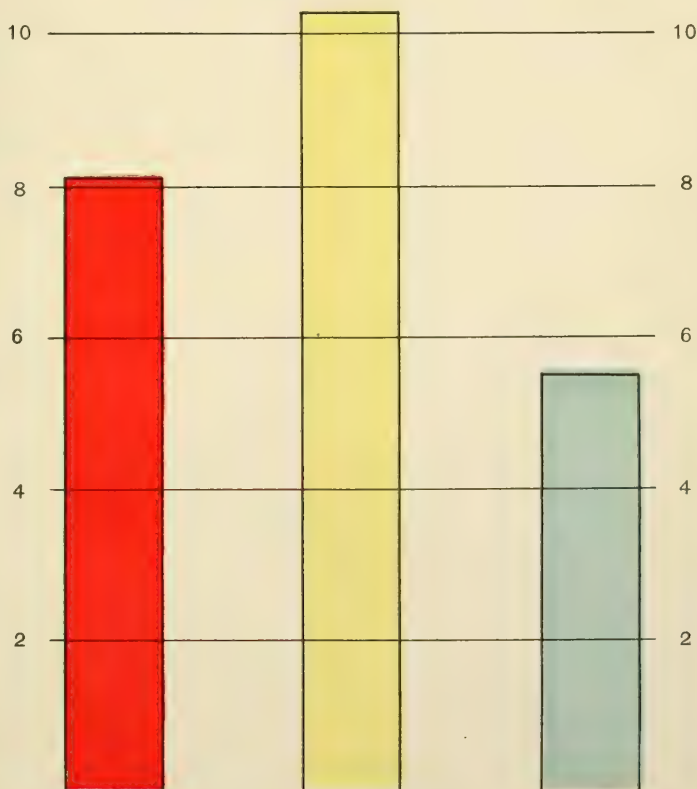


CHART 3

This chart shows the proportion of patients admitted on original commitment during the year ended September 30, 1907, in which a history of alcoholism was obtained. It is impossible, unfortunately, to determine the number of cases in which alcoholism is the chief etiological factor because of the uncertainty as to the exact part played by intemperance in even the psychoses which it is agreed to term "alcoholic," and so this chart must be considered only as a graphic presentation of the incidence of alcoholism in the patients admitted to the State hospitals. Intemperance seems to be equally prevalent in men in city and country, but, in women, it is met with with much greater frequency in cities. This corresponds with the statistics collected by those who have been interested in the prevalence of alcoholism from other points of view. It is probably largely due to the greater facilities provided for women in the "family entrances" and the back rooms of the saloons in cities and, in other social classes, to the greater prevalence in cities of the habit of dining out. As the prevention of alcoholism has a very definite relation to the prevention of insanity, a detailed study of the controllable conditions which favor intemperance may prove a fruitful field for those who are interested in the latter work.

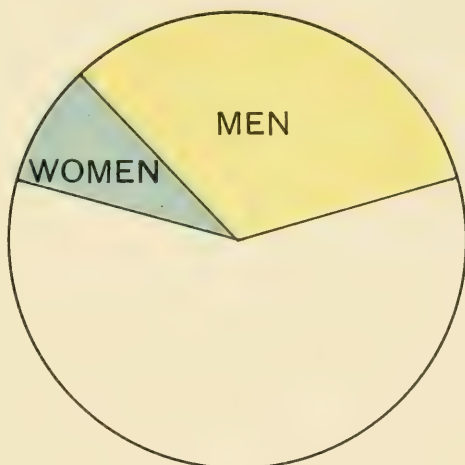
For the percentage of admissions with a history of alcoholism in "urban" population, the State hospitals of districts with an urban population of more than 75 per cent. were selected, and for the percentage in "rural" population, the State hospital districts with an urban population of less than 25 per cent. were taken.

In New York city and Brooklyn the larger number of patients pass through the psychopathic wards of Bellevue and the Kings County Hospital, and the proportion of alcoholic cases is diminished by those who recover sufficiently during the period of observation to make their commitment unnecessary. It is likely that the deduction from the number of intemperate patients admitted which this occasion is balanced by the comparative infrequency with which such cases are sent to institutions for the insane in the country.

ENVIRONMENT AND ALCOHOLISM

PERCENTAGE OF ADMISSIONS WITH HISTORY OF ALCOHOLISM 1907

URBAN



RURAL

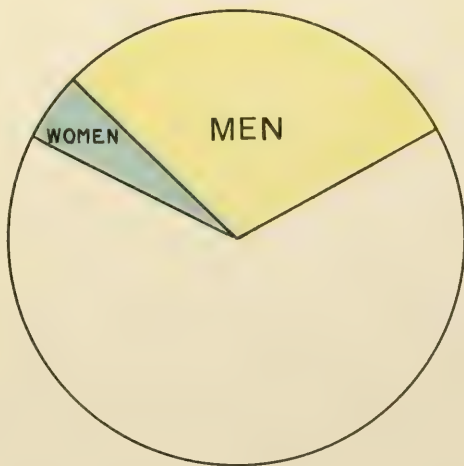


CHART 4

This map shows the ratio of original commitments to the population of each county in the year ended September 30, 1907. In the Eighteenth Annual Report, a similar map was presented to show the ratio of the patients under treatment to the population of each county. As such a ratio is the result of the accumulation of the insane admitted in former years, the map shown here is a better representation of present conditions. An analysis of the ratios shown gives, in many instances, simply the relation of density of population to the prevalence of insanity which was commented upon in the notes on "Chart 2." In others, interesting local conditions are indicated. The little group of rural counties about the five lakes of central New York has an exceptionally high ratio of commitments to population. The movement of population has been very slow in these counties for a number of years and, as was shown in the charts presented last year, the proportion of cases with a definite history of heredity was higher in this part of the State than in any other. Such a condition as this can result only in a high prevalence of insanity, and the reports of the English Commissioners in Lunacy present the facts relating to similar situations in England in a manner which leaves no doubt of their significance.

The high prevalence of insanity in nearly every county in which a State hospital is situated is noticeable. It is due, undoubtedly, to the greater facility with which patients can be committed to a near-by institution, and this leads to the commitment of a much larger number of patients in poor physical condition, senile cases and those with the more acute alcoholic psychoses than is possible when much delay or difficult transportation is necessary. The advantage to a community of having an institution for the insane in its vicinity is well illustrated by this explanation.

Counties which have had a rapid increase in population show, almost without exception, a low prevalence of insanity.

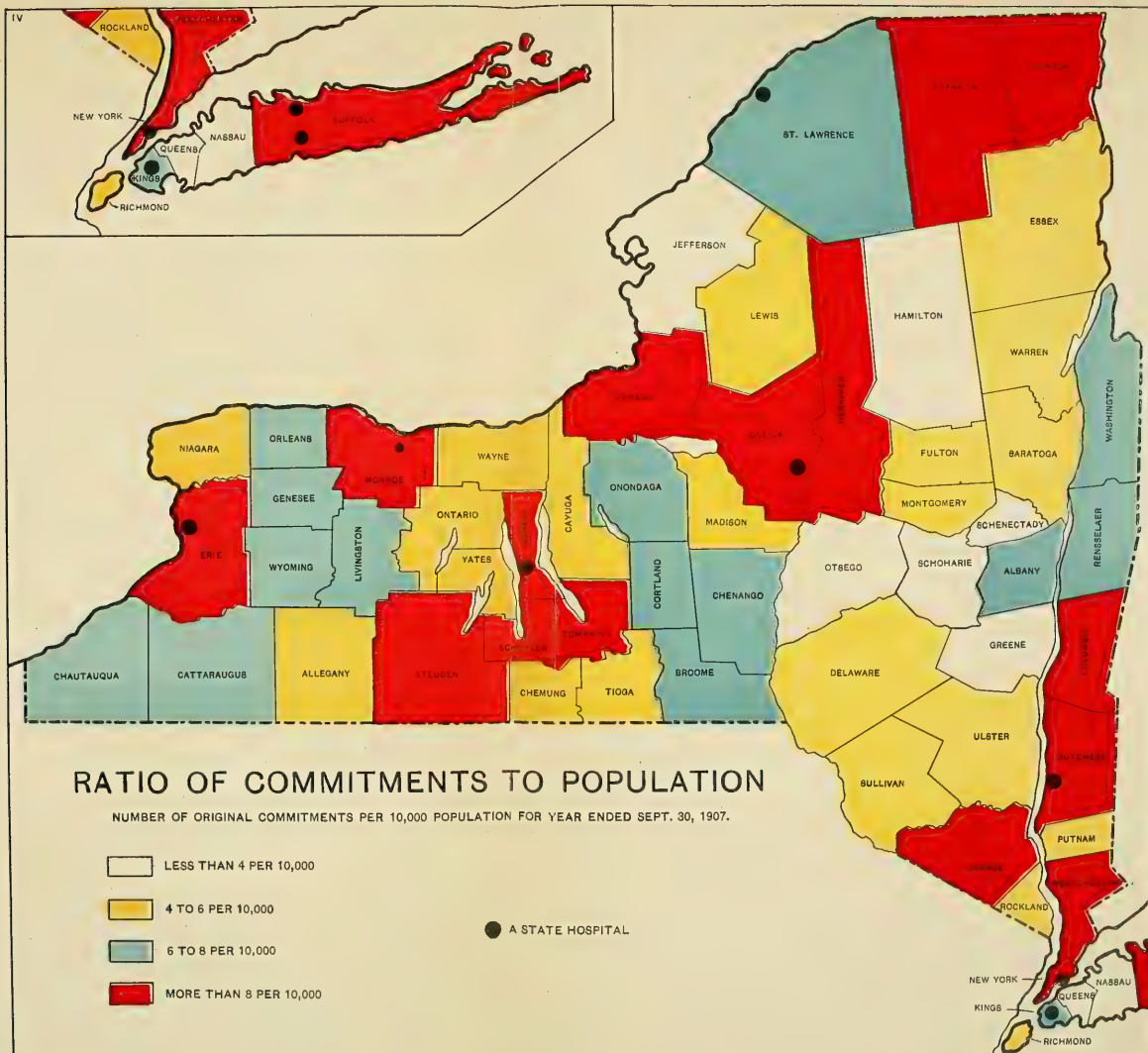


CHART 5

This chart shows the increase in the general population of the State from 1899 to 1907, compared with the increase in the number of admissions on original commitment. The number of commitments increases more rapidly than the population of the State, and although, as has been pointed out many times, a good deal of the apparent increase in insanity is due to greater readiness on the part of those suffering from mental diseases or of their friends to take advantage of institution treatment than formerly, there is still a demonstrable increase in the prevalence in insanity, especially in those of foreign birth.

THE INCREASE IN COMMITMENTS

BLACK LINE
RED LINE

POPULATION OF STATE—MILLIONS
ORIGINAL COMMITMENTS—THOUSANDS

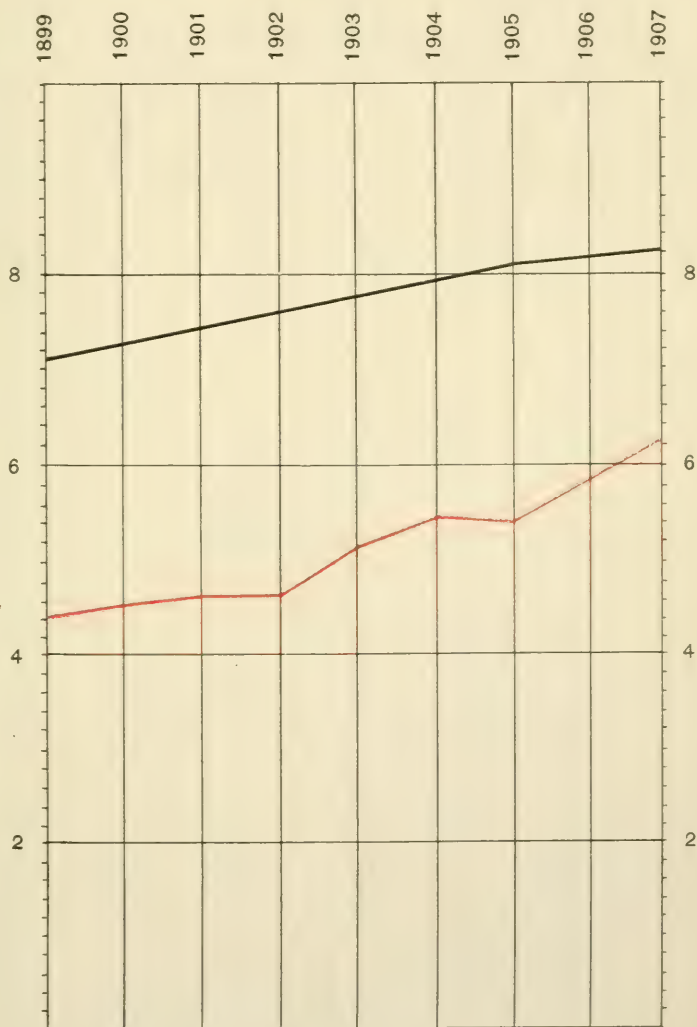


CHART 6

This chart shows the causes of death, by age periods, of the patients who died in the State hospitals during the year ended September 30, 1907, and of those who died in the general population of the State. As 1905 was the last year for which the deaths in the general population of the State were tabulated by the census bureau by ages and causes of death, that year has been taken for comparison. In collecting the data for this chart, all deaths from general paralysis and from epilepsy and those directly due to the exhaustion of other mental diseases, as well as those from indefinite causes or in which the age was undetermined, have been omitted from both classes. The mental diseases from which the patients in the State hospitals were suffering had an influence upon the fatal outcome of nearly all the diseases tabulated, indeed it is this influence which it is the purpose of this chart to show, but general paralysis and epilepsy were so often the direct cause of death that to include them would make any comparison of rates from other causes impossible. The percentage shown for each age-period are based upon the total number dying at that age (excluding those just mentioned) and not upon the number living. A few of the tables deserve special comment.

Tuberculosis. The necessity of comparing deaths in the State hospitals and in the general population by age-periods is well illustrated by this table. If all deaths at all ages were compared, the death rate for tuberculosis in the State hospitals would be about the same as that in the general population, but, by eliminating all below the age of twenty in the general population, we deduct thirty-five per cent of all deaths and nearly fifty per cent of deaths from tuberculosis. It is seen that for each decade of life the death rate from tuberculosis is higher in the State hospitals than in the general population, but that in the last two decades of life the rates approach each other. This table does not indicate that infection with tuberculosis occurs more frequently in the State hospitals than without, for the age-periods in which the rate in the State hospitals is highest are those in which the greatest number of patients are admitted, and by far the larger number of these patients undoubtedly have been infected prior to their admission.

Infectious Diseases. A lower rate for the infectious diseases, exclusive of tuberculosis and erysipelas, which are considered separately, exists in the State hospitals than in the general population, except in the sixth and seventh decades of life. The increase at these age-periods is entirely due to deaths from influenza, which is probably not so often returned as a cause of death in aged people outside these institutions as within them.

Erysipelas. This disease has a higher death rate in the State hospitals for each age-period than in the general population. The assembling of large numbers of physically debilitated people, under conditions in which overcrowding often exists, always brings with it the danger of erysipelas. The habits of the insane contribute to the spread of the disease. A detailed study of the mortality from this cause shows that no epidemic of erysipelas occurred during the year, that no hospital was free from deaths from this disease and that in none was it especially prevalent. The control of erysipelas is one of the especial sanitary problems of hospitals for the insane.

Diarrhoeal Diseases. Among the insane, deaths from enteritis and entero-colitis are as numerous as those from Bright's disease. In England the death rate from these diseases approaches that from tuberculosis. A larger death rate from these diseases in institutions for the insane than in the general population is inevitable, but it is one of the important sanitary problems of the State hospitals to limit as much as possible the spread of diseases capable of producing such formidable death rates as those shown in foreign institutions. The prevention of overcrowding, frequent painting and renovation of wards and all that tends to raise the physical resistance of patients are the measures most effective in keeping the death rate from erysipelas and diarrhoeal diseases at the minimum.

Pneumonia. Under this term are included lobar pneumonia and broncho-pneumonia, for it has been impossible to obtain accurate data regarding deaths from these diseases separately, in either the State hospitals or the general population.

Arterio-sclerosis. The high death rate from arterio-sclerosis in the State hospitals has an interesting bearing upon the prevalence of psychoses dependent upon this condition. The low death rate from organic diseases of the nervous system is brought about partly

by assigning many deaths to arterio-sclerosis, with the etiological factor in mind, which would be included in the death rate from organic diseases of the nervous system in the general population. Then, too, in the State hospitals, the total number of deaths in the later decades of life has been reduced by withdrawing from consideration those due to the exhaustion of chronic mental disease, and, in the deaths eliminated, there were not a few in which organic brain disease was the cause of the fatal psychoses.

Accident and Suicide. The low death rate from accident and suicide in the State hospitals speaks well for the supervision maintained, especially when it is remembered that in their population are segregated the depressed, the suicidal and the incompetent people of the State.

CAUSES OF DEATH IN THE SANE AND THE INSANE POPULATIONS

DEATHS FROM SPECIFIED CAUSES PER 100 OF
ALL DEATHS AT EACH AGE PERIOD

BLACK LINE FOR GENERAL POPULATION OF STATE
RED LINE FOR INSANE POPULATION

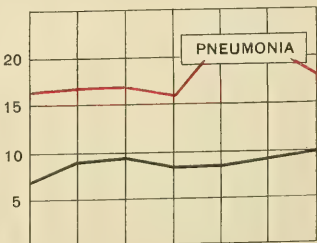
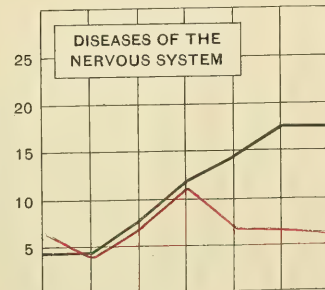
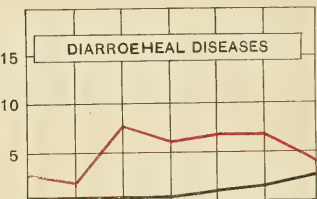
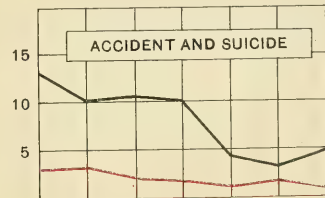
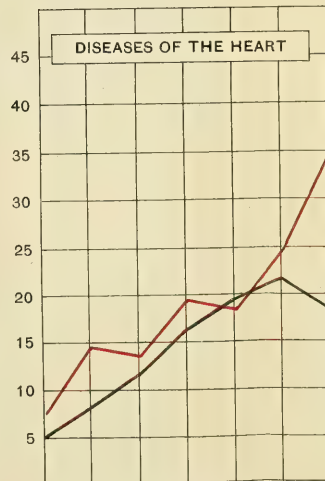
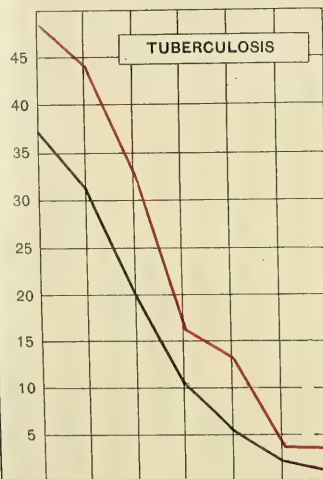
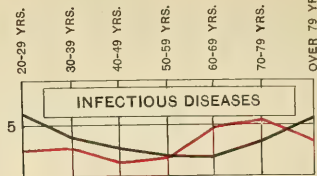
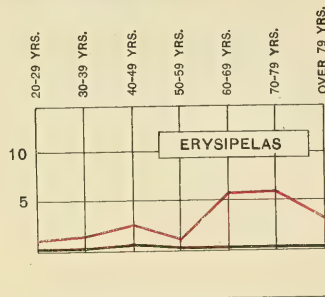
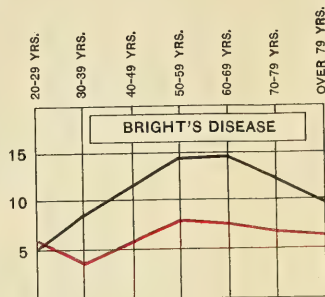
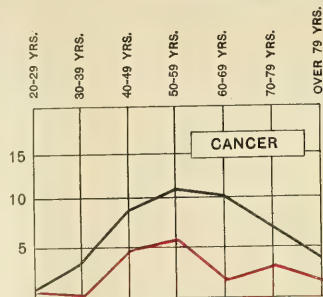


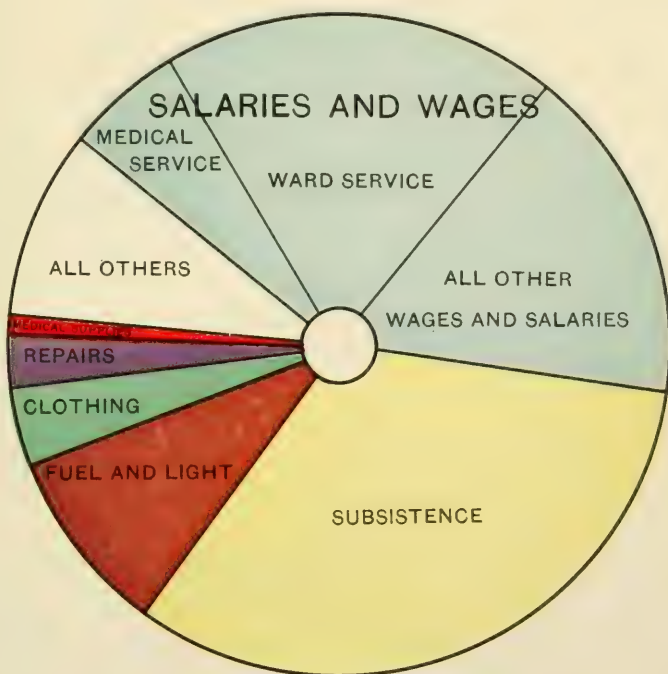
CHART 7

This chart shows the relative proportion of the total per capita maintenance costs during the year ended September 30, 1907, which was contributed by each of the principal items of expense. This information is shown in detail on pages 8-25 of this report, and this chart is intended only to show in graphic form, so that it may be appreciated at a glance, what is presented elsewhere in tables and statements.

ANALYSIS OF PER CAPITA COSTS

GROSS PER CAPITA COSTS PER ANNUM—\$183.33

ENTIRE CIRCLE REPRESENTS TOTAL COSTS



This chart shows a comparison between the maintenance costs, per capita per diem, in the State hospitals and in other public institutions of a very different kind. The "per capita per diem" cost is the unit which is usually selected for such comparisons. The scale beneath the colored bar is to be read in cents. Some difficulty was met with in collecting the data for this chart on account of the different methods of estimating per capita cost in different institutions. In some, for instance, the daily average number of patients or inmates is the divisor and the gross costs the dividend, while in others the officers and employees were included in the "daily average number." A uniform method of presenting financial statements, such as that suggested by the American Association of Hospital Superintendents, would aid very greatly in making these comparisons. From the itemized statements of expenditures of each institution, however, groups were arranged in preparing this chart which conformed to the financial statistics of the New York State hospitals.

Comparison with institutions of such different character from hospitals for the insane are only useful as showing the cost of different standards of care for large numbers of dependent people. The maintenance costs of alms-houses may be considered to represent the lowest amount for which dependent adults can be supported. The alms-houses for which the maintenance costs are given in this chart are the largest in the country. The item in which the greatest saving is possible in institutions of this character is that of "salaries and wages." With few sick to care for, with no surveillance necessary and with a sufficient number of workers among the patients to operate the laundry, maintain the cleanliness of the buildings and do the greater share of preparing and distributing food, salaries and wages are practically all devoted to administrative purposes.

Custodial institutions, of which correctional schools and prisons are types, present one element of similarity to hospitals for the insane—the necessity for a large number of paid employees. The very low cost for provisions in institutions of this class suggests that the term "prison fare" is more than a figure of speech.

The type of general hospital selected for comparison in this chart is the large public hospital for chronic cases, of which the City Hospital on Blackwell's Island and the Philadelphia Hospital are examples. In such hospitals the per capita cost per diem rarely exceeds one dollar, while in the best and most luxuriously appointed semi-public hospitals it often reaches three dollars. The per capita cost per diem in the State hospitals is about fifty cents and, in general public hospitals of the type selected, the increase is largely in the items of subsistence, medical supplies and those which may be included in the term "maintenance of physical equipment." The increased number of nurses needed in general hospitals is offset by the work performed gratuitously by the pupils of the nurses' training schools, and so the cost of salaries and wages is about the same as in the State hospitals.

COMPARATIVE EXPENDITURES

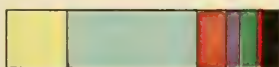
PER CAPITA COSTS PER DIEM



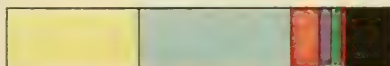
ALMSHOUSES



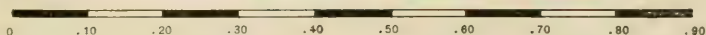
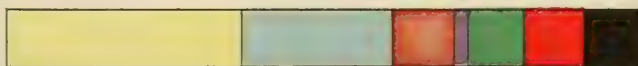
CUSTODIAL INSTITUTIONS



NEW YORK STATE HOSPITALS



PUBLIC GENERAL HOSPITALS



STATISTICS
OF
CRIMINAL INSANE

MATTEAWAN STATE HOSPITAL

TABLE I

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	569	106	675
Admitted on original commitments.....	64	20	84
By transfers from other institutions for insane.....	7	.....	7
Total number under treatment during year..	640	126	766
Daily average population.....	.....	.....	692.77
Capacity of institution.....	470	80	550
Discharged during year:			
As recovered.....	8	6	14
As improved.....	17	7	24
As unimproved.....	6	1	7
As not insane.....	1	.....	1
Died.....	22	2	24
Whole number discharged during year.....	54	16	70
Remaining October 1, 1907.....	586	110	696

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE 2

October 1, 1906 to September 30, 1907

Date of opening at Auburn.....	February 2, 1859
Date of opening at Matteawan.....	April 25, 1892
Total acreage of grounds and buildings.....	244
Value of real estate, including buildings.....	\$884,000 00
Value of personal property.....	61,635 62
Acreage under cultivation.....	130

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$190 92
From State Treasury for maintenance on estimates, 1 to 12 inclusive,.....	136,304 53
From all other sources.....	483 17

Total receipts for maintenance.....	\$136,978 62
-------------------------------------	--------------

Special appropriations, including balances on hand, October 1, 1906.....	\$27,603 52
--	-------------

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$12,424 68
Estimate No. 2. For wages.....	47,015 85
Estimate No. 3. For provisions and stores.....	35,254 66
Estimate No. 4. For ordinary repairs.....	4,037 71
Estimate No. 5. For farm and grounds.....	10,168 74
Estimate No. 6. For clothing of patients.....	5,609 48
Estimate No. 7. For furniture and bedding....	3,862 15
Estimate No. 8. For books and stationery.....	935 71
Estimate No. 9. For fuel and light.....	12,548 87
Estimate No. 10. For medical supplies.....	618 72
Estimate No. 11. For miscellaneous expenses...	2,067 86
Estimate No. 12. For transportation and allowance to discharged patients.....	262 68

Total disbursements, estimates 1 to 12 inclusive.....	\$134,807 11
---	--------------

Remitted to comptroller pursuant to chapter 457, Laws 1901, section 37.....	\$483 17
Total disbursements during year for extraordinary improvements.....	\$27,603 52

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

Table 2—(Concluded)

Balance October 1, 1907:	
General maintenance fund.....	\$1,688 34
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	\$3,731 88
Maximum rate of wages paid attendants:	
Men.....	\$41 50
Women.....	31 25
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	22 00
Proportion of day attendants to average daily population.....	1 to 11
Proportion of night attendants to average daily population.....	1 to 40.7
Percentage of daily patient population engaged in some kind of useful occupation.....	43
Estimated value of farm and garden products during year.....	\$11,649 38

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907		
	Men	Women	Total
Moral:			
Confinement in prison	1	4	5
Physical:			
Intemperance	14	7	21
Venereal diseases	4		4
Accident or injury	1		1
Epilepsy	1		1
Old age	1		1
Abuse of drugs	2	1	3
Hereditary	3	3	6
Congenital defect	1	1	2
Unascertained	42	3	45
Not insane	1	1	2
Total	71	20	91

TABLE 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1905		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity	22	9	3	43	14	3
General paralysis	4		6	7		8
Senile insanity	2		2	9		6
Epilepsy with insanity	3		3	5	1	4
Imbecility, idiocy with insanity	14		4	33		4
Other psychoses	44	5	6	80	13	11
*Not insane	2			3		

* Includes cases of alcoholism, drug habit, etc.

STATISTICS OF CRIMINAL INSANE - MATTEAWAN

TABLE 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	DURATION PREVIOUS TO ADMISSION			DURATION PREVIOUS TO ADMISSION		
	Men	Women	Total	Men	Women	Total
Under one month.....				121	3	124
One to three months.....	3	2	5	64	3	67
Three to six months.....				28	3	31
Six to nine months.....		1	1	16	1	17
Nine months to one year.....				3	1	4
One year to eighteen months.....				8	1	9
Eighteen months to two years.....				1		1
Two to three years.....		1	1	6	2	8
Three to four years.....		1	1	1	1	2
Four to five years.....				4	1	5
Five to ten years.....				1		1
Ten to twenty years.....				1		1
Unascertained.....	5	1	6	127	15	142
Total.....	8	6	14	381	31	412
				381	31	412

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	2		2	2		2
Dysentery.....				3	1	4
Tubercu'osis.....	3		3	125	2	127
Constitutional diseases:						
Diabetes mellitus and dia- betes insipidus.....				2		2
Diseases of the digestive system:						
Diseases of the stomach.....				1		1
Diseases of the intestines.....				5	1	6
Diseases of the liver.....	1		1	6		6
Diseases of the perito- neum.....				5	1	6
Diseases of the respiratory system:						
Diseases of the lungs....	1		1	20		20
Diseases of the pleura....				1		1
Diseases of the circulatory system:						
Diseases of the pericar- dium.....	1		1	1		1
Diseases of the heart.....				20		20
Arterio-sclerosis.....				2		2
Aneurism.....				3		3
Diseases of the blood and ductless glands:						
Hodgkin's disease, Addi- son's disease and myx- oedema.....				1		1
Diseases of the genito- urinary system.....	1		1	19	2	21

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

Table 7—(Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of the meninges.	2	.....	2	4	1	5
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage, and other gross lesions)	4	1	5	18	4	22
Epilepsy				3	1	4
Mental diseases:						
Exhaustion of acute mental disease				2	1	3
Exhaustion of chronic mental disease		1	1	8	1	9
General paralysis of the insane	6	.....	6	65	3	68
Debility of old age				9	.....	9
Accident				1	.....	1
Suicide				10	.....	10
Malignant new growths or cancer	1	.....	1	7	2	9
Total	22	2	24	343	20	363

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	3	1	4	79	10	89
Maternal branch.....	5	2	7	107	14	121
Paternal and maternal branches.....	1	.....	1	20	2	22
Collateral branches.....	8	.....	8	103	8	111
No hereditary tendency...	12	.....	12	258	26	284
Unascertained.....	42	17	59	1,214	141	1,355
Total.....	71	20	91	1,781	201	1,982

TABLE 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	40	9	49	1,202	79	1,281
Married.....	24	7	31	480	76	556
Widowed.....	5	4	9	76	41	117
Divorced.....	1	.....	1	7	.....	7
Unascertained.....	1	.....	1	16	5	21
Total.....	71	20	91	1,781	201	1,982

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

TABLE 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....				26	4	30
Academic.....	7	3	10	38	10	48
Common school.....	15	6	21	519	78	597
Read and write.....	37	8	45	869	75	944
Read only.....	1		1	79	10	89
No education.....	3	3	6	202	23	225
Unascertained.....	8		8	48	1	49
Total.....	71	20	91	1,781	201	1,982

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE II

Showing the duration of insanity previous to admission and the period under treatment of patients who died during the current year and since October 1, 1883

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	1		1				48	2	50	10		10
One to three months.....	1		1				37		37	14	2	16
Three to six months.....	2		2	1	1	2	20	3	23	13	1	14
Six to nine months.....	1		1	1		1	13		13	16	1	17
Nine months to one year.....	1		1				6		6	14	2	16
One year to eighteen months.....	3		3	1		1	13		13	22	1	23
Eighteen months to two years.....							3		3	22	2	24
Two to three years.....	1		1	3		3	10	1	11	41	3	44
Three to four years.....	1		1	2		2	5		5	32	1	33
Four to six years.....	1		1	5		5	4		4	47	2	49
Six to ten years.....	1	1	2	2	1	3	5	1	6	46	3	49
Ten to twenty years.....				6		6	10		10	45	1	46
Twenty years and over.....				1		1	9	1	10	21	1	22
Unascertained.....	9	1	10				160	12	172			
Total.....	22	2	24	22	2	24	343	20	363	343	20	363
Average duration of insane life (years and tenths).....	7.068						8.659					

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				1		1
From 15 to 20 years.....	3	3	6	120	13	133
From 20 to 25 years.....	9	2	11	282	29	311
From 25 to 30 years.....	12	4	16	465	38	503
From 30 to 35 years.....	8	4	12	235	37	272
From 35 to 40 years.....	17	1	18	280	27	307
From 40 to 50 years.....	13	5	18	257	39	296
From 50 to 60 years.....	6	1	7	99	12	111
From 60 to 70 years.....	3		3	37	4	41
From 70 to 80 years.....				4	1	5
From 80 to 90 years.....				1	1	2
Total.....	71	20	91	1,781	201	1,982

TABLE 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	1		1	11		11
From 20 to 30 years.....	2	1	3	206	10	216
From 30 to 40 years.....	3	2	5	114	12	126
From 40 to 50 years.....	2	1	3	32	6	38
From 50 to 60 years.....		1	1	13	2	15
From 60 to 70 years.....		1	1	4	1	5
From 70 to 80 years.....				1		1
Total.....	8	6	14	381	31	412

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years.....				4		4
From 20 to 25 years.....	1		1	19	3	22
From 25 to 30 years.....				44	2	46
From 30 to 35 years.....	3		3	44	2	46
From 35 to 40 years.....	1		1	53	2	55
From 40 to 50 years.....	5	1	6	70	6	76
From 50 to 60 years.....	7		7	45	1	46
From 60 to 70 years.....	3	1	4	39	3	42
From 70 to 80 years.....	2		2	21	1	22
From 80 to 90 years.....				3		3
Over 90 years.....				1		1
Total.....	22	2	24	343	20	363

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	2	5	7
One to three months.....	7	3	10
Three to six months.....	4	.....	4
Six to nine months.....	1	.....	1
Nine months to one year.....	1	.....	1
One year to eighteen months.....	3	4	7
Two to three years.....	3	1	4
Three to four years.....	2	.....	2
Four to five years.....	4	.....	4
Five to ten years.....	7	1	8
Ten to fifteen years.....	1	.....	1
Fifteen to twenty years.....	1	.....	1
Twenty to thirty years.....	1	.....	1
*Not insane.....	1	1	2
Unascertained.....	33	5	38
Total.....	71	20	91

*Includes cases of alcoholism, morphia habit, etc.

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month	2	.....	2
One to three months	13	4	17
Three to six months	16	6	22
Six to nine months	10	5	15
Nine months to one year	17	3	20
One year to eighteen months	16	6	22
Eighteen months to two years	25	8	33
Two to three years	38	9	47
Three to four years	33	10	43
Four to five years	20	5	25
Five to ten years	146	26	172
Ten to fifteen years	128	13	141
Fifteen to twenty years	91	7	98
Twenty to thirty years	23	5	28
Thirty years and upwards	8	3	11
Total	586	110	696

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	2		2	39		39
Commercial:						
Bankers, merchants, accountants, salesmen, clerks, shopkeepers, shopmen, stenographers, typewriters, etc..	6		6	139		139
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	3		3	112		112
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc..	13		13	321	1	322
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, tailors, weavers, bakers, etc.....	6		6	366	2	368
Domestic service:						
Waiters, cooks, servants, etc.....	4	16	20	81	128	209
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	2		2	10	26	36

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

Table 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales-						
women, stenograph-						
ers, typewriters, etc.	2	.....	2	14	3	17
Employed in sedentary oc-						
cupation:						
Seamstresses, tailoresses,						
bookbinders, factory						
workers, etc.	2	2	4	3	21	24
Miners, seamen, etc.	1	.....	1	52	.....	52
Prostitutes.					11	11
Laborers.	26	.....	26	568	.....	568
No occupation.				50	5	55
Unascertained.	6	.....	6	26	4	30
Total.	71	20	91	1,781	201	1,982

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algiers				4		4
Australia				2		2
Austria	2		2	24	2	26
Belgium				1		1
Bohemia				4		4
British India				1		1
British North America				1	1	2
Canada		1	1	34	4	38
China	1		1	6		6
Cuba				2		2
Denmark	2		2	5		5
Egypt				1		1
England	2		2	52	3	55
Finland	1		1	1		1
France	1		1	9	2	11
Germany	8	2	10	162	11	173
Greece				3		3
Holland				5		5
Hungary	1		1	6		6
Ireland	2	3	5	138	47	185
Italy	5	1	6	121	6	127
Malta				1		1
Norway				1	1	2
Nova Scotia				1		1
Persia				1		1
Poland	1		1	19	3	22
Prussia				1		1
Russia	3		3	41	5	46
Scotland				10	2	12
Sicily				1		1
Spain					1	1
Sweden	1		1	7	1	8
Switzerland	1		1	8		8

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

Table 18—(Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	33	13	46	1,048	106	1,154
West Indies.....	1	.....	1	7	1	8
Unascertained.....	6	.....	6	53	5	58
Total.....	71	20	91	1,781	201	1,982

Of the total number admitted since the 1st of October, 1888, the parents of 60.49 per cent were both of foreign birth.

In 3.68 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.17 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....	1		1
Allegany.....			
Broome.....	1		1
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....	1		1
Cortland.....			
Delaware.....			
Dutchess.....	10		10
Erie.....	3		3
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	6		6
Lewis.....			
Livingston.....	1		1
Madison.....	1		1
Monroe.....	3		3
Montgomery.....			
Nassau.....	1		1
New York.....	42		42
Niagara.....			
Oneida.....	2		2
Onondaga.....	7		7
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

Table 19—(Concluded)

COUNTIES	Public	Private	Total
Putnam	1		1
Queens	1		1
Rensselaer			
Richmond			
Rockland	2		2
St. Lawrence			
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben			
Suffolk			
Sullivan	1		1
Tioga			
Tompkins			
Ulster			
Warren			
Washington			
Wayne	1		1
Westchester	6		6
Wyoming			
Yates			
Soldiers' Home			
Total	91		91

STATISTICS OF CRIMINAL INSANE — MATTEAWAN

TABLE 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	Public	Private	Total
Albany	14	6	20
Allegany			
Broome	3		3
Cattaraugus	2		2
Cayuga	4		4
Chautauqua	5		5
Chemung	2	3	5
Chenango	2		2
Clinton	4	1	5
Columbia	5		5
Cortland			
Delaware			
Dutchess	18	2	20
Erie	15	6	21
Essex	2		2
Franklin	1		1
Fulton			
Genesee			
Greene	1		1
Hamilton			
Herkimer			
Jefferson	5		5
Kings	68	18	86
Lewis			
Livingston	2		2
Madison	5		5
Monroe	27	4	31
Montgomery	4		4
Nassau	2	1	3
New York	199	41	240
Niagara	4		4
Oneida	12	4	16
Onondaga	23	5	28
Ontario	5		5
Orange	4	1	5
Orleans	1	1	2
Oswego	7	2	9
Otsego			1

STATISTICS OF CRIMINAL INSANE—MATTEAWAN

Table 20—(Concluded)

COUNTIES	Public	Private	Total
Putnam.....	1	1	2
Queens.....	6	.....	6
Rensselaer.....	8	.....	8
Richmond.....	4	3	7
Rockland.....	4	2	6
St. Lawrence.....	5	.....	5
Saratoga.....	6	.....	6
Schenectady.....	.....	.....	.....
Schoharie.....	1	.....	1
Schuyler.....	4	.....	4
Seneca.....	2	.....	2
Steuben.....	11	.....	11
Suffolk.....	10	.....	10
Sullivan.....	3	2	5
Tioga....	1	.....	1
Tompkins.....	2	.....	2
Ulster.....	5	.....	5
Warren.....	2	.....	2
Washington.....	6	.....	6
Wayne.....	5	.....	5
Westchester.....	50	7	57
Wyoming.....	2	.....	2
Yates.....	1	.....	1
Soldiers' Home.....	.....	.....	.....
Total.....	586	110	696

DANNEMORA STATE HOSPITAL

TABLE I

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	285	.....	285
Admitted during year ending September 30, 1907.....	63	.....	63
Total number under treatment during year.....	348	.....	348
Daily average population.....	302.915	.....	302.915
Capacity of institution.....	190	.....	190
Discharged during year:			
As recovered.....	12	.....	12
As improved.....	8	.....	8
As unimproved.....	1	.....	1
Died.....	9	.....	9
Whole number discharged during year.....	30	.....	30
Remaining October 1, 1907.....	318	.....	318

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 2

October 1, 1906, to September 30, 1907

Date of opening	Nov. 15, 1900
Total acreage of grounds and buildings	120
Value of real estate, including buildings	\$314,000 00
Value of personal property	29,700 00
Acreage under cultivation	About 10

Receipts during year, maintenance fund:

Balance on hand October 1, 1906	\$0 05
From State Treasury for maintenance on estimates, 1 to 12 inclusive	70,000 00

Total receipts for maintenance	\$70,000 05
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Total receipts from State Comptroller on special appropriations and balances on hand	\$34,243 39
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Disbursements during year for maintenance:

Estimate No. 1 For officers' salaries	\$8,084 84
Estimate No. 2 For wages	21,651 79
Estimate No. 3 For provisions and stores	20,916 50
Estimate No. 4 For ordinary repairs	1,590 20
Estimate No. 5 For farm and grounds	734 60
Estimate No. 6 For clothing and patients	3,151 07
Estimate No. 7 For furniture and bedding	1,785 58
Estimate No. 8 For books and stationery	675 22
Estimate No. 9 For fuel and light	8,840 49
Estimate No. 10 For medical supplies	481 36
Estimate No. 11 For miscellaneous expenses	1,831 50
Estimate No. 12 For discharged patients	180 42

Total disbursements, estimates 1 to 12 inclusive	\$69,923 57
--	-------------

Total disbursements during year on special appro- priations	\$31,155 47
--	-------------

Balances October 1, 1907:

General maintenance fund	\$76 48
Special appropriations	3,087 92

STATISTICS OF CRIMINAL INSANE — DANNEMORA

Table 2 — (Concluded)

Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	4.4269
Maximum rate of wages paid attendants:	
Men	\$45 00
Minimum rate of wages paid attendants:	
Men	\$22 00
Proportion of day attendants to average daily population	1 to 8
Proportion of night attendants to average daily population	1 to 46.6
Percentage of daily patient population engaged in some kind of useful occupation	48%
Estimated value of farm and garden products during year	\$750 00
Estimated value of articles made or manufactured by patients during year	5,700 00

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Unascertained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc)....	2		2				2
Physical:							
Intemperance.....	6		6	1		1	3
Venereal diseases....	2		2				2
Accident or injury....	2		2				1
Old age.....	1		1				1
Hereditary.....	1		1	2		2	
Congenital defect.....	12		12	4		4	4
Unascertained.....	37		37	3		3	29
Total.....	63		63	10		10	42

TABLE 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1905		
	Admitted	Recovered	Died	Admitted	Recovered	Died
Alcoholic insanity.....	2			3		
General paralysis.....	2		1	3		2
Senile insanity.....	1		1	2		2
Epilepsy with insanity.....				3	1	
Imbecility, idiocy with insanity.....	16	2		30	7	1
Other psychoses.....	42	10	7	81	20	15
Total.....	63	12	9	122	28	20

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1907.						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	2	.....	2	.....	.....	.....	19	.....	19	.....	.....	.....
One to three months.....	4	.....	4	1	.....	1	13	.....	13	2	.....	2
Three to six months.....	.....	.....	.....	.....	.....	.....	8	.....	8	14	.....	14
Six to nine months.....	.....	.....	.....	1	.....	1	6	.....	6	14	.....	14
Nine months to one year.....	.....	.....	.....	.....	.....	.....	7	.....	7	9	.....	9
One year to eighteen months.....	.....	.....	.....	3	.....	3	2	.....	2	13	.....	13
Eighteen months to two years.....	.....	.....	.....	2	.....	2	6	.....	6	19	.....	19
Two to three years.....	.....	.....	.....	2	.....	2	12	.....	12	13	.....	13
Three to four years.....	.....	.....	.....	1	.....	1	9	.....	9	6	.....	6
Four to five years.....	.....	.....	.....	1	.....	1	6	.....	6	7	.....	7
Five to ten years.....	1	.....	1	1	.....	1	3	.....	3	2	.....	2
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Unascertained.....	5	.....	5	.....	.....	.....	7	.....	7	.....	.....	.....
Total.....	12	.....	12	12	.....	12	99	.....	99	99	.....	99

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Tuberculosis	3		3	12		12
Diseases of the digestive system:						
Diseases of the intestines				2		2
Diseases of the respiratory system:						
Diseases of the lungs	1		1	3		3
Diseases of the circulatory system:						
Diseases of the heart	2		2	5		5
Aneurism				1		1
Diseases of the blood and ductless glands:						
Anemia, pernicious ane- mia and leukemia				1		1
Diseases of the nervous sys- tem:						
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	1		1	2		2
Mental diseases:						
General paralysis of the insane				6		6
Accident	2		2	2		2
Suicide				3		3
Total	9		9	37		37

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	3	.....	3	34	.....	34
Maternal branch.....	4	.....	4	18	.....	18
Paternal and maternal branches.....				3		3
Collateral branches.....	3	.....	3	29	.....	29
No hereditary tendency...	11	.....	11	197	.....	197
Unascertained.....	42	.....	42	267	.....	267
Total.....	63	.....	63	548	.....	548

TABLE 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	41	.....	41	403	.....	403
Married.....	17	.....	17	114	.....	114
Widowed.....	3	.....	3	26	.....	26
Divorced.....	1	.....	1	2	.....	2
Unascertained.....	1	.....	1	3	.....	3
Total.....	63	.....	63	548	.....	548

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....				4		4
Academic.....	1		1	7		7
Common school.....	47		47	145		145
Read and write.....	8		8	329		329
Read only.....				8		8
No education.....	7		7	53		53
Unascertained.....				2		2
Total.....	63		63	548		548

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	2		2				12		12	2		2
One to three months.....	2		2				6		6	2		2
Three to six months.....										1		1
Six to nine months.....				1		1				5		5
Nine months to one year.....				1		1				6		6
One year to eighteen months.....	1		1	3		3	6		6	10		10
Eighteen months to two years.....										2		2
Two to three years.....										1		1
Three to four years.....				1		1				2		2
Four to six years.....	1		1	2		2	1		1	5		5
Six to ten years.....				1		1				1		1
Ten to twenty years.....							3		3			
Twenty years and over.....							1		1			
Unascertained.....	3		3				5		5			
	9		9	9		9	37		37	37		37
Average duration of insane life (years and tenths).....				3.3		3.3				4.2		4.2

STATISTICS OF CRIMINAL INSANE—DANNEMORA

TABLE 12

Showing the ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years.....	3	.....	3	41	.....	41
From 20 to 25 years.....	10	.....	10	128	.....	128
From 25 to 30 years.....	14	.....	14	113	.....	113
From 30 to 35 years.....	8	.....	8	81	.....	81
From 35 to 40 years.....	12	.....	12	82	.....	82
From 40 to 50 years.....	12	.....	12	69	.....	69
From 50 to 60 years.....	3	.....	3	27	.....	27
From 60 to 70 years.....	1	.....	1	4	.....	4
From 70 to 80 years.....	.....	.....	.....	2	.....	2
From 80 to 90 years.....	.....	.....	.....	1	.....	1
Total.....	63	.....	63	548	.....	548

TABLE 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	.....	.....	.....	4	.....	4
From 20 to 30 years.....	6	.....	6	55	.....	55
From 30 to 40 years.....	2	.....	2	29	.....	29
From 40 to 50 years.....	3	.....	3	8	.....	8
From 50 to 60 years.....	1	.....	1	2	.....	2
From 60 to 70 years.....	.....	.....	.....	1	.....	1
Total.....	12	.....	12	99	.....	99

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 20 to 25 years.....	1	.....	1	4	.....	4
From 25 to 30 years.....	2	.....	2	8	.....	8
From 30 to 35 years.....	3	.....	3	5	.....	5
From 35 to 40 years.....	.....	.....	.....	9	.....	9
From 40 to 50 years.....	1	.....	1	2	.....	2
From 50 to 60 years.....	1	.....	1	4	.....	4
From 60 to 70 years.....	.....	.....	.....	3	.....	3
From 70 to 80 years.....	.....	.....	.....	1	.....	1
From 80 to 90 years.....	1	.....	1	1	.....	1
Total.....	9	.....	9	37	.....	37

STATISTICS OF CRIMINAL INSANE—DANNEMORA.

TABLE 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	22	.....	22
One to three months.....	11	.....	11
Three to six months.....	2	.....	2
Unascertained.....	28	.....	28
Total.....	63	.....	63

TABLE 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
One to three months.....	16	.....	16
Three to six months.....	16	.....	16
Six to nine months.....	14	.....	14
Nine months to one year.....	17	.....	17
One year to eighteen months.....	29	.....	29
Eighteen months to two years.....	24	.....	24
Two to three years.....	46	.....	46
Three to four years.....	32	.....	32
Four to five years.....	23	.....	23
Five to ten years.....	101	.....	101
Total.....	318	.....	318

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	1	.....	1	6	.....	6
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	4	.....	4	35	.....	35
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	7	.....	7	37	.....	37
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	9	.....	9	77	.....	77
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	17	.....	17	116	.....	116
Domestic service:						
Waiters, cooks, servants, etc.	6	.....	6	48	.....	48
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.				2	.....	2
Employed in sedentary occupation:						
Tailoresses, seamstresses, factory workers, bookbinders, etc.	1	.....	1	1	.....	1

STATISTICS OF CRIMINAL INSANE — DANNEMORA

Table 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Miners, seamen, etc.....	1	.....	1	9	.....	9
Laborers.....	16	.....	16	159	.....	159
No occupation.....	1	.....	1	58	.....	58
Unascertained.....	.....	.....	.....	.....	.....	.....
Total.....	63	.....	63	548	.....	548

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algeria.....				1		1
Armenia.....	1		1	2		2
Austria.....	2		2	22		22
Belgium.....				1		1
British West Indies.....				2		2
Canada.....	1		1	7		7
China.....	1		1	2		2
Cuba.....				1		1
England.....	3		3	14		14
Finland.....				1		1
France.....	1		1	1		1
Germany.....	3		3	31		31
Hungary.....	1		1	2		2
Greece.....				2		2
Ireland.....	4		4	23		23
Italy.....	9		9	71		71
Roumania.....				2		2
Russia.....	5		5	23		23
Sweden.....				2		2
Switzerland.....				5		5
Turkey.....	1		1	2		2
United States.....	31		31	331		331
Total.....	63		63	548		548

Of the total number admitted since the 1st of October, 1888, the parents of 60.58 per cent were both of foreign birth.

In 4.92 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.91 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

STATISTICS OF CRIMINAL INSANE — DANNEMORA

TABLE 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....	1		1
Chemung.....			
Chenango.....	1		1
Clinton.....			
Columbia.....	1		1
Cortland.....			
Delaware.....	1		1
Dutchess.....	2		2
Erie.....	1		1
Essex.....	1		1
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....	2		2
Kings.....	5		5
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....	2		2
Montgomery.....			
Nassau.....			
New York.....	28		28
Niagara.....			
Oneida.....	1		1
Onondaga.....	1		1
Ontario.....	1		1
Orange.....	1		1
Orleans.....			

STATISTICS OF CRIMINAL INSANE—DANNEMORA

Table 19—(Concluded)

COUNTIES	Public	Private	Total
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....	2		2
Rensselaer.....	1		1
Richmond.....			
Rockland.....			
St. Lawrence.....	1		1
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....	1		1
Steuben.....			
Suffolk.....	2		2
Sullivan.....			
Tioga.....			
Tompkins.....	1		1
Ulster.....	1		1
Warren.....			
Washington.....			
Wayne.....	1		1
Westchester.....	4		4
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	63		63

STATISTICS OF CRIMINAL INSANE — DANDEMORA

TABLE 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1907

COUNTIES	Men	Women	Total
Albany	9		9
Allegany			
Broome	1		1
Cattaraugus	5		5
Cayuga	1		1
Chautauqua	4		4
Chemung			
Chenango	3		3
Clinton	1		1
Columbia	4		4
Cortland			
Delaware	2		2
Dutchess	8		8
Erie	10		10
Essex	2		2
Franklin			
Fulton	1		1
Genesee			
Greene	1		1
Hamilton			
Herkimer	1		1
Jefferson	6		6
Kings	34		34
Lewis			
Livingston			
Madison	3		3
Monroe	6		6
Montgomery			
Nassau	1		1
New York	145		145
Niagara	2		2
Oneida	5		5
Onondaga	8		8
Ontario	3		3
Orange	6		6
Orleans			
Oswego	1		1
Otsego			

STATISTICS OF CRIMINAL INSANE — DANNEMORA

Table 20—(Concluded)

COUNTIES	Men	Women	Total
Putnam			
Queens	5		5
Rensselaer	9		9
Richmond	2		2
Rockland			
St. Lawrence			
Saratoga	2		2
Schenectady			
Schoharie	1		1
Schuyler	1		1
Seneca	1		1
Steuben	1		1
Suffolk	3		3
Sullivan	1		1
Tioga			
Tompkins	1		1
Ulster	2		2
Warren	1		1
Washington			
Wayne	2		2
Westchester	12		12
Wyoming			
Yates	1		1
Unascertained			
Total	318		318

REPORTS
OF
STATE HOSPITALS

SIXTY-FIFTH ANNUAL REPORT
OF THE
Utica State Hospital
AT UTICA, N. Y.,
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907.

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EMMA BARKER	Matron

COUNSEL

HON. JAMES S. SHERMAN.....	Utica
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REPORT OF THE BOARD OF MANAGERS

To the Honorable State Commission in Lunacy:

The Managers of the Utica State Hospital, as required by statute, herewith submit their annual report for the year ending September 30, 1907, as follows:

This hospital was opened January 16, 1843. Its present total acreage for all purposes is 455. The value of its real estate, including buildings, is estimated at \$1,230,000; its personal property at \$115,000. The percentage of recoveries on original admissions during the year was 26.26, and the percentage of deaths on the whole number treated was 6.58. This is the highest recovery rate since 1898. The average percentage of patients employed during the year was 51.49. The total number of employees is 257. The ratio of attendants to patients is one to 8.47. The total number of physicians is seven, and the ratio of physicians to patients is one to 200.5. The number of patients remaining in the hospital October 1, 1907, is 586 men, 638 women; a total of 1,224. The whole number under treatment during the year was 730 men, 763 women, a total of 1,493. The average daily population was 571 men, 632 women, a total of 1,203 in a hospital whose capacity is fixed at 1,196. During the year there were discharged as recovered 47 men, 31 women, a total of 78, and as improved, 26 men, 32 women, a total of 58, and as not insane, seven men and one woman, a total of eight. The number of deaths during the year was 98. Of those discharged as not insane five men were inebriates, one a cocaine and one a morphine habitue, and the one woman a morphine habitue. It may be of general interest in this connection that since the opening of this hospital in January, 1843, down to September 30, 1907, the total number of admissions has been 23,631, of whom 7,578 were discharged as recovered and 3,543 as improved. For further and interesting statistical information you are respectfully referred to the report of the superintendent, whose carefully compiled tables are herewith transmitted and made a part of this report.

The year which closed with the beginning of this month has been a good one for this institution. The health of the patients has been

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excellent, save for a few cases of diphtheria which have been very skillfully treated by the staff of physicians and successfully cared for at the isolation hospital, which has many times over justified its construction. The general condition of the institution and the health of its inmates constitute a handsome tribute to the superintendent and the members of his staff, and it is one of the duties of this board to commend the intelligent and thorough work which is daily going on under their direction, and there should as well be said a very kindly, encouraging and appreciative word for the nurses and attendants, whose service, irksome and arduous, has been efficient and cheerfully performed to the entire satisfaction of their superiors.

Beginning with the first of September a new arrangement was made by the managers for religious service. Hitherto the custom has obtained for a long list of local clergymen to preach on Sunday, for which each was paid ten dollars, and that was all there was of it. After paying for the Roman Catholic services there was not enough money left to provide preaching services every Sunday, so they were omitted during the months of July and August. Under the new system the sum of \$120 is set aside to pay for the services of Roman Catholic priests from St. Patrick's Church, who hold mass at the institution at their pleasure, and at least once a month for every month in the year. The balance of the money is paid to six Protestant preachers of different denominations, each of whom serves for two months and is paid at the rate of forty dollars a month. In addition to the preaching service on Sunday afternoon these pastors are required to call at the institution at least twice in each month and visit such patients as care to see them, and also are required to hold themselves in readiness to answer any sick-calls or other requests on the part of the patients for attention. This plan promises to be much more efficient and acceptable than the other.

Probably the most notable events of the year for this hospital are the practical completion of the Nurses' Home and the substantial progress made upon the Acute Hospital, which though not ready for occupancy will be before the end of another year. The Nurses' Home will bring comfort and convenience to this very worthy class of employees, and will also increase by a hundred or more the capacity of this institution. The Acute Hospital is something which this institution has needed for a very long time and needed very badly. It has formed the theme of many a paragraph

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in the reports of the managers, who are greatly pleased with the prospect that before long this building will be completed and ready for occupancy. It should add materially to the efficiency of this service and should help to make possible a larger number of recoveries annually.

Speaking of the Acute Hospital suggests the recommendation frequently made that this institution nowhere has, but somewhere ought to have, an operating room or surgery. This board has recommended to the Commission that the roof over the kitchen of the Acute Hospital be raised so as to provide a room for a surgery at that place, which could be done there better, more cheaply and quickly than anywhere else. The facts and figures have been presented to the Commission without making the favorable impression upon that honorable body which the truth deserves. It is to be assumed that the learned Commission will not dispute the proposition that an institution called a State Hospital, treating over 1,200, and soon to treat over 1,400 patients, should have somewhere a room where surgical operations can be done with modern equipment, conveniences and surroundings. It is respectfully submitted that there is no better place available than that suggested by this board and not yet approved by the Commission. Some of the arguments in its favor are: That it will have plenty of light and a northwest exposure, which is reckoned most desirable. It is near the other clinical rooms in the Acute Hospital, especially favorably located on this account. The best nursing force in the whole institution will be centered in this building, and surgical cases can therefore have the best of attention without being moved half a mile to secure it. All the plumbing pipes come down near the kitchen, and so it would be inexpensive to provide the proper conveniences for an operating room at this point. Any objection which might possibly be suggested by its being over a kitchen would be easily obviated by a cement floor. The cost would be less than anywhere else. Architecturally, raising the roof and the construction of the surgery would improve the appearance of the kitchen wing and relieve it from the accusation of being squatty. The attention of the Commission has been called to the need of a surgery in this institution, and the members of that honorable body have looked over the buildings of the old hospital without being able to suggest a good place. The recommendation previously made with reference to the construction of a surgery over the kitchen of the new Acute Hospital is earnestly repeated. This is

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the view of the situation taken by the managers. If, however, the Commission upon another and further examination of the hospital building can find any other or better place for the surgery, the board will very cheerfully acquiesce in the arrangement. Meantime the managers desire as emphatically as possible again to go on record as asking as earnestly as they know how that a proper, modern, well equipped surgery be provided for this institution.

For a good while this institution through its officers and managers has been asking for a new and modern barn at Graycroft. An appropriation less than asked for and less than is really necessary has been granted, but delays at Albany have prevented the commencement of construction. It is respectfully submitted that delaying this work or reducing the size of the barn or trying to do something cheap is not economy, but quite the reverse. Already the milk supply is running down below what is actually needed and estimates for condensed milk must be made, and condensed milk costs real money. The matter of this barn has been talked about for two years and the Commission has had ample information. When, as there soon will be, 200 more patients are added, the demand for milk will be still greater. This institution must be provided with suitable barns for housing a sufficient number of cattle or it must pay out a good deal more money for milk. It is respectfully submitted that good barns are preferable and infinitely cheaper.

Another urgent need is a new and separate building for the laundry and a new outfit of machinery with which to equip it. The present laundry is so old that it is almost antique and attention has frequently been called to its needs. Its location is about as bad as it could be, so far as the safety of the other buildings and their inmates is concerned. Statistics show that the majority of hospital fires start in the laundry, and it is not many years ago that there was a serious fire in this laundry, which luckily was extinguished in time to save lives, though considerable property was lost. Without the prompt and efficient assistance of the Utica Fire Department there would have been a very serious conflagration. The laundry is close to and surrounded by other hospital buildings, and, indeed, it has encroached upon apartments not originally intended for that purpose. The proposed substantial increase in population will demand more work than it is physically possible for this building and equipment to accommodate. The laundry should be in

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a separate and detached building big enough to answer all the needs and provided with modern machinery. The present laundry building would not be a waste because it could be utilized as dining-rooms for adjacent wards and then there could be room for the better classification of disturbed patients.

Another urgent need to which the attention of the Commission has been previously directed is a cold storage and ice plant. This was approved by the Commission last year. For time out of mind the Utica Hospital has gathered its annual supply of ice from ponds in the neighborhood, principally from the overflow in the bed of the old Chenango canal in the neighborhood of the spring and water supply. That was a pretty good place years ago, when it was out in the country, but now a powerhouse and large manufacturing plant, an increase of locomotive engines passing in the neighborhood, have made it undesirable. What used to be good ice is good no longer, because it is filled with the dirt and cinders that fall into the water from nearby stationery or passing smoke-stacks. The ice in the Erie canal is just as cold as any other and would do for refrigerating purposes, but even the most economical would not recommend it for other domestic uses. The reservoirs in Utica, owned by the Consolidated Water Company, have been leased to and are monopolized by the Utica Ice Company, so that ice could be taken from them only by paying a good price, and anyhow they are so far from the hospital that this necessary commodity could not be economically hauled therefrom. An ice-making plant would insure pure, wholesome ice in sufficient quantities and the cold storage plant would make for economy in enabling the steward to buy perishable products in large quantities and at lower prices. This is a serious problem and ought to be promptly met, and it is respectfully submitted that the cold storage and ice plant offer the only satisfactory solution.

Speaking of ice suggests water. The attention of the Lunacy Commission has been called to the desirability of owning the land on which the spring furnishing the hospital's water supply is located and the land by which it is surrounded. This land now under lease and option is for sale, and if the State does not buy it some individual or private corporation will, and it is desirably located for various uses. The hospital can get a sufficient supply of water from the Consolidated Water Company, which is very anxious to furnish it, and the company's revenues would be very

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largely increased thereby. The question of whether the State wants to pay a few thousand dollars to secure an adequate water supply once for all, or whether it wants to pay a few thousand dollars every year for water supply is one which for ordinary business sense would suggest but one, and that a very quick solution.

Again and again the Board of Managers has respectfully urged the great need there is for this institution to purchase more land for farm purposes. Had this been done when first suggested thousands of dollars for the same acreage could have been saved. The increasing costliness of delay should be an argument for prompt attention. Available land in the vicinity of the hospital is going up in price every year. The figures giving a summary of the farming operations will show that the State could make no better investment. The cost of raising vegetables with scores and scores of patients willing to do the work, is very much less than the cost of buying them in the open market. Vegetables and other farm products must be had for the maintenance of the inmates. It ought not to take very long to decide whether it is better to buy land and raise these things or buy the food products at going prices in the open market, to say nothing of the benefit and advantage which comes from the out-door work which additional lands would afford.

Another need, to which attention has previously been called, is that for a new forcing house for vegetables. The old one is badly off and too small anyhow. Fresh and fairly early vegetables are very much appreciated by the patients, and surely they ought to have them when they can be secured at so small an outlay.

The reconstruction of Ward 4 on the north side will require attention as soon as the attendants who now live there take up their quarters in the new Nurses' Home. This will involve quite a considerable expenditure, but it will add to the capacity of the hospital.

A substantial and satisfactory hydro-therapeutic and electrical outfit must be provided for the new Acute Hospital as soon as it is ready to receive it. If the best work is to be done this equipment should be complete and modern.

A kitchen outfit and other furnishings must be provided for the Acute Hospital before it can be occupied. This, too, will require the outlay of quite a sum of money if it is to be well done, and there is no use in doing it in any other way.

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More furniture, especially for the third story of the Nurses' Home, is a positive necessity if that building is to be of all the use possible.

Cement walks must be laid to and in front of the new buildings (Nurses' Home and Acute Hospital) and new walks and gutters should be laid in front of the main building to Court street. The old gutters of cobblestone are in bad shape, and when in good condition are not the best and most modern, to say the least.

The plumbing in the Infirmary needs renewal. It has been in place since the construction of the building, and allowing that it was good then is not saying that it is sufficient or sanitary now. Any institution known as a hospital ought to have the best of plumbing.

New urns are needed in the dining-rooms of the main hospital, and ought to be supplied.

Considerable crushed stone could be used to advantage on the roads. Some of it is an absolute necessity.

When the sidewalks are constructed in front of and to the new buildings suitable gates should be provided for the iron fence now standing on York street.

A new line fence ought to be erected along the western boundary. The old picket fence is decaying and disintegrating in the weather and ought to be replaced.

Among other needs are an addition to the hennery, telephone cable to the new buildings, sandstone blocks for paving in front of the storehouse, an "Economical" vegetable peeling machine and motor, a potato digger, and a cloth-cutting machine.

When the new Acute Hospital is finished and ready for occupancy it will be necessary to appoint another assistant physician who ought to reside in that building.

During the year the Commission has been appropriately mindful of the needs of the patients in the matter of amusement, and the sum set aside for that purpose is sufficient and every dollar of it has been used to good advantage. There have been the usual weekly dances for the patients, with good music in attendance, which are thoroughly enjoyed. During the summer, when the dances were suspended for the warm weather, the women patients were taken to attractive parks in this vicinity, and the men patients were now and then treated to a ball game. Additional musical instruments have been provided and placed in the wards, and they

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are thoroughly appreciated and are doing good there. There have been the usual number of entertainments, all of which are a positive benefit.

The record shows that the number of visits made by the Managers from October 6, 1906, to October 7, 1907, is 139, or an average of very nearly three for each week of the year.

All of which is respectfully submitted.

GEORGE E. DUNHAM
THOMAS G. NOCK
LIZZIE W. CONSTABLE
MARYETTE D. COXE
ANDREW V. V. RAYMOND
THOMAS F. BAKER
JOHN D. KERNAN

Board of Managers

October 18, 1907

UTICA STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

In accordance with statutory regulations, I have the honor, as superintendent, to submit herewith the sixty-fifth annual report of the Utica State Hospital for the fiscal year ending September 30, 1907. To this report are appended the usual statistical tables.

MOVEMENT OF POPULATION

The following table shows the movement of population for the year:

	Men	Women	Total
Remaining October 1, 1906.....	560	635	1,195
Admitted during year ending September 30, 1907	170	128	298
On original commitments:			
From residences	170	127	297
By transfers from other institutions for insane .....	....	1	1
Total number under treatment during year	730	763	1,493
Daily average population.....	571	632	1,203
Capacity of institution.....	556	640	1,196
Discharged during year:			
As recovered	47	31	78
As improved	26	32	58
As unimproved	12	15	27
As not insane.....	7	1	8
Died	52	46	98
Whole number discharged during year...	144	125	269
Remaining October 1, 1907.....	586	638	1,224

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Of those discharged “not insane,” five men were inebriates, one a cocaine and one a morphine habitue, and the single woman a morphine habitue.

GENERAL STATISTICS

At the close of the last fiscal year there were 1,195 patients in the hospital, and this year the number is 1,224. Last year the total number under treatment was 1,476 and this year 1,493. The daily average population was 1,180 last year and 1,203 this year. From these figures one might infer that there were more patients admitted this year than last, but a glance at the table shows that only 298 were admitted as against 318 in 1906. Likewise, there was a smaller number discharged; 269 this year and 281 last year, the larger number being due to a transfer of tuberculous patients. The largest number in the hospital at any one time was 1,231, in the month of July, and the smallest number 1,182, in the month of December. The capacity of the institution is 1,196.

ADMISSIONS

Of the 298 persons admitted 170 were men and 128 women. All of these were admitted on original commitments save one, who came as a transfer from another institution. Two persons were less than fifteen years of age and ten were over eighty. Seventy-five of the persons admitted, or over twenty-five per cent, were born in foreign countries.

DISCHARGES

Seventy-eight patients were discharged recovered; 58 improved; 27 unimproved, and 8 not insane; a total of 171. Most of these returned to their homes. The following disposition of certain alien and non-resident patients was made:

ALIEN AND NON-RESIDENT PATIENTS

One woman, a native of Italy, who had been committed to the hospital after a residence in the United States of only eleven months, was removed by a United States immigrant officer for deportation to Italy.

A woman, an Italian, was discharged to the care of her relatives who returned her to Italy.

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Two men, an Italian and a Syrian, were allowed to leave the institution with friends for the purpose of returning to their native countries.

A male patient, a non-resident, was taken to Massachusetts by his mother; and two men, one a resident of Ohio and the other of New Jersey, left the institution alone with the purpose of returning to their homes.

The hospital supplied the two men last mentioned with sufficient money for their traveling expenses.

RECOVERY RATE

The percentage of recoveries based on the original admissions is 26.26. This is a little higher than it has been for several years.

DEATHS

There were 98 deaths during the year; 52 were men and 46 women. Heart disease caused the greatest number of deaths. Twenty-seven patients succumbed to this ailment. Next came general paralysis, which was responsible for twelve deaths, and nine persons died from various intestinal disorders. Tuberculosis was certified as the cause of death in seven cases only.

It is worthy of note that of those who died during the year, thirty-two, nearly one-third, had reached the allotted three score and ten. Eleven were over eighty. A number of these cases showed the physical signs incident to advanced senility at the time of their admission, and the mental impairment which resulted in their commitment was an additional symptom of senile deterioration. It is becoming a trite observation to say that too many old people are admitted to hospitals for the insane, and I regret that a basis for the statement exists. Nevertheless the need for care for patients of this class is present and must be met, not only for the sake of the individual afflicted, but for others as well. Cramped quarters with the nocturnal agitation present in so many cases of senile insanity may result in discomfort and even hardship to a whole family. Where the pinch of poverty is imminent the diversion of one member of a family from wage earning to the nursing of a case of senility may mean privation for others. In the city, with the increase in the number of families occupying a single building, the neighbors as well as the immediate relatives are frequently made to suffer from the patient's loss of self-control.

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General hospitals will not accept cases of this kind, the numerous homes for the aged have no facilities for their proper nursing, and as the county houses offer inadequate and unsuitable accommodations for their care, their admission to State hospitals becomes imperative. Not all those who die at an advanced age were recent admissions, for one of the women had been a resident of the hospital for over sixty-two years, and another for more than fifty-six years. The death rate, based on the average population, is 8.14, the lowest it has been in six years.

THE MEDICAL WORK

The physicians of the hospital have been active in their attentions to the patients, in both their mental and physical ailments. The usual examination has been made in each case as soon as admitted and the proper course of treatment outlined and carried out under daily supervision.

Dr. Haight availed himself of the opportunity to attend a special course of instructions at the Pathological Institute under the direction of Dr. Adolf Meyer, and has since devoted much time to laboratory work and autopsies.

Staff meetings are held twice weekly and new cases considered touching the history, diagnosis and proper procedure for recovery if such is thought possible. Cases are presented for examination at the time of admission, or shortly after, and again after a period of residence in the hospital.

The following diagnoses of the cases admitted were made provisionally:

	Men	Women
Brain abscess	1	...
Organic dementia	3	2
Senile psychosis	29	20
General paresis	17	6
Alcoholic psychosis	27	2
Drug psychosis	3	1
Infectious-exhaustive psychosis	7	2
Depression not further distinguished.....	1	1
Depressive hallucinosis	2	4
Involution melancholia	8	20
Disorder allied to depression.....	...	1
Paranoid condition	7	12

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	Men	Women
Dementia praecox:		
Katatonic	4	6
Hebephrenic	5	5
Paranoid	7	1
Mixed	1	...
	17	15
Manic depressive psychosis:		
Manic	12	12
Depressive	5	5
Mixed	1	...
	18	17
Allied to manic depressive	3	5
Constitutional inferiority	2	4
Epileptic psychosis	2	5
Traumatic psychosis	1	...
Imbecility with insanity	9	8
Hysterical	1	...
Not insane	7	1
Not classified	5	2

Brain abscess.—A man with two abscesses of the parietal lobe. The patient was a Hungarian who had been a resident of the United States but a short time, and it was impossible to secure a definite history from his friends. The condition of the tissues at the time of autopsy was such as to preclude a satisfactory microscopical examination. The clinical symptoms were stupor and delirium with multiple paralysis.

Organic dementia.—Three men and two women. All resulted from apoplexy and occurred in patients who were of advanced age.

General paresis.—Seventeen men and six women. Fifteen men and four women presented symptoms of the cerebral type. One man suffered from locomotor ataxia prior to the onset of the cerebral symptoms. One man and two women showed loss of reflexes concurrent with the development of the mental symptoms.

Alcoholic psychosis.—Twenty-seven men and two women in which the etiology was clearly traced to alcoholism. One man was admitted twice.

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Drug psychosis.— Three men and one woman who presented more or less permanent mental derangement as the result of the use of morphine or cocaine.

Infective-exhaustive psychosis.— Of the seven men, one had more or less transitory delirium following severe attack of typhoid fever. One, after an attack of acute articular rheumatism, became delirious for about six weeks. One was clearly the result of pneumonia in an alcoholic patient. One resulted from overwork in a foreigner. One from overwork and nervous strain over a lawsuit. One from overwork and the mental strain incident to his wife's first pregnancy. One in a young boy from overwork and excessive indulgence in tobacco. One woman had a fatal attack of gastritis and the other a cardiac affection.

Depression not distinguished.— One man and one woman. Two patients who suffered from profound melancholy without sufficient cause.

Depressive hallucinosis.— Two men and four women who presented hallucinatory symptoms without assignable cause.

Involution melancholia.— Eight men and twenty women who showed agitated depression at the involution period.

Disorder allied to depression.— A woman twenty-nine years old who presented a symptom complex similar to involution melancholia and who recovered.

Paranoid conditions.— Seven men and twelve women who presented more or less systematized persecutory delusions without deterioration.

Dementia praecox.— Seventeen men and fifteen women who showed more or less marked deterioration. All of these were young adults except one patient, who was but thirteen years of age.

Manic depressive psychosis.— Eighteen men and seventeen women. The number of attacks was as follows:

	Men	Women
First attack	9	12
Second attack	3	2
Third attack	3	
Fourth attack	2	
Fifth attack		1
Sixth attack	1	1
Ninth attack		1

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Allied to manic depressive psychosis.— Three men and five women whose symptoms showed variation from yet a resemblance to the above group. One of the men had three similar previous attacks, the onset of all of which coincided with the occurrence of pregnancy in his wife.

Traumatic psychosis.— A man, an alcoholic, injured by a fall, first became stuporous and subsequently developed a state of delirium. This was followed by amnesia and finally by complete recovery.

Hysterical insanity.— One man with defective heredity and of a nervous temperament showed pronounced *folie de doute*, imperative concepts and partial anaesthesia, from all of which he finally recovered.

The cases of constitutional inferiority present little of interest beyond the difficulty of differentiation from imbecility.

The epileptic cases show nothing beyond the usual symptoms.

Imbecility and idiocy.— Seventeen cases. One man became demented at an early age apparently as a result of scarlatina. They were all committed because of transitory outbreaks of excitement or depression.

INFECTIOUS DISEASES

The year has witnessed the continuance of the appearance of diphtheria on the women's division of the hospital, outbreaks of scarlet fever on both divisions, and of measles among the women. None of the cases have been severe, and no mortality has resulted, but diseases of this class are always sources of anxiety because of the possibilities of their becoming widespread.

Diphtheria reappeared in a nurse on Ward 28 on the twenty-seventh of March of the present year. The following day a patient on Ward 29 showed the characteristic symptoms of the affection. There were no other cases until May eleventh, when a patient on Ward 25 was affected and eleven days later a patient on Ward 29 manifested the usual signs of the malady. A period of freedom from infection followed which lasted until August twenty-fourth, when the disease appeared in a nurse on Ward 25. In none of the cases were there sequelae of any kind, and all yielded promptly to antitoxin.

Scarlet fever attacked a nurse on Ward 15 February eighteenth, a day attendant on Ward 12 and a night nurse on Ward 29 two

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days later. Fifteen days after entering the isolation building an attendant who was caring for the attendant from Ward 12 developed the affection. On the twenty-seventh of March another attendant, this time from Ward 11, became ill. The disease manifested itself in a patient on Ward 29 on the sixth of April, and the last case of the year, a nurse on Ward 22, made its appearance April twenty-fifth. As in the diphtheria cases all the patients recovered without any of the serious sequelae so common in adults.

Measles appeared in the institution May thirtieth. Four nurses and two patients were affected by the malady, the last case having developed on the seventh of July. The date of appearance, status of the persons affected, and locations, were as follows:

May 30, nurse, Ward 15.

June 12, nurse, Ward 26.

June 16, patient, Ward 15.

July 3, nurse, Ward 15.

July 3, patient, Ward 15.

July 7, nurse, Ward 24.

In these instances, too, those afflicted were fortunate in recovering without sequelae.

The utility of the Isolation Hospital and the advantage of subdivision was amply demonstrated. Cases of all three infections were concurrent, and it would have been almost impossible to preserve adequate quarantine had it been necessary to isolate the patients and their attendants in the hospital proper.

MEETING OF ASSISTANT PHYSICIANS

A meeting of the assistant physicians of several State hospitals was held at the institution December 19 and 20, 1906, under the direction of Dr. Adolf Meyer of the Pathological Institute. Representatives were present from the following hospitals: Binghamton, Buffalo, Gowanda, Hudson River, Rochester, St. Lawrence and Willard, together with Dr. Ross of Craig Colony for Epileptics. Dr. Kuhlman, of Buffalo, and Dr. Summers, of Binghamton, presented papers of interest at the meeting.

NEW BUILDINGS

Progress has been made on the construction of the two new buildings. In the case of the Nurses' Home it has been slow, however, and the building, from present indications, will not be ready for occupancy before early spring. This building will

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accommodate about one hundred and fifty nurses. This does not mean that an equal number of patients can be cared for in the main building when the nurses vacate it, as many nurses are now living outside the institution in hired lodgings. There will be space for eighty or ninety, however, and with the changes in the nursing staff, which are constantly going on, the home will soon be filled.

The Acute Hospital building has been pushed along as rapidly as possible, and is now entirely enclosed and the roof slated. The interior work will be done during the winter, and the building should be ready for occupancy in the spring.

The building was designed to care for one hundred patients, and has all the appurtenances for the modern treatment of the acute insane, such as prolonged baths, hydro-therapeutic apparatus, electrical apparatus, diet kitchen, etc.

This building will fill a long-felt want, as it will provide means for the treatment of acute cases which have long been lacking in this institution.

TRAINING SCHOOL

The curriculum of the Training School has been changed so as to make it conform, as far as practicable, to the schedule approved by the Committee of Superintendents on Training Schools. The didactic lectures, where possible, have been replaced by practical instruction on the wards and in the other departments of the institution where work germane to the practice of nursing is carried on.

The Junior Class, at the opening of the session, was made up of twenty-four pupils, of which thirteen remained in the service of the hospital at the end of the term. Of these, all but one were successful at the final examination.

The Senior Class commenced the year with fourteen members. Three of this number resigned before the close of the term, and those who remained constitute the list of graduates which follows: Clara Bancroft, Sarah A. Burns, Teresa M. Butler, Patrick J. Croghan, Irene Howlett, May Hughes, Mary A. Kenney, Gertrude A. Malone, Bertha J. Moran, Ella Owens, Clara Ritz.

CHANGES IN STAFF

Dr. Theodore I. Townsend, who entered the service of this institution from the King's Park State Hospital as assistant physician, June 30, 1902, was appointed first assistant physician at

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the Dannemora State Hospital, and left for his new post October 10, 1906. Dr. J. E. Haight, junior assistant, was promoted to the position of assistant physician to fill the vacancy created by Dr. Townsend's resignation. Dr. Ross McClure Chapman, of Watertown, a graduate of the Medical School of the University of Michigan, was appointed medical interne December 1, 1906. Dr. Aleander L. Smith, having become eligible for advancement, was, on the first of June, promoted to the position of junior assistant vacated by Dr. Haight.

AMUSEMENT OF PATIENTS

For many years the fund available for the amusement of patients has been dependent upon a per capita allowance. This arrangement resulted in a large amount for an institution having a large number of patients and a comparatively small amount for an institution having a small population, while the cost of entertaining the few was practically as great as for the many. Recognizing this fact the Commission in Lunacy has, during the past year, increased the fund of this institution in a very generous manner, and the result has been most gratifying and productive of much pleasure to the patients. The quality of entertainment has been improved, and many more patients have been able to attend various outside places of amusement.

The assembly hall, as heretofore, has been the scene of many enjoyable evenings, not the least of which has been the regular weekly dance, always looked forward to with no small degree of pleasure. The year's Christmas entertainment, a minstrel show, was given by hospital talent alone, and proved to be the most enjoyable and creditable performance in several years. During the winter and spring season entertainments were given in succession by the following:

Lecture on Astronomy, by Prof. William R. Brooks.

England's Moving Pictures, by the courtesy of Mr. Chas. Ball.
Di Grazi's Banjo Recital.

England's Moving Pictures, by the courtesy of Mr. Chas. Ball.
Illustrated lecture, the Legend of the Sleepy Hollow, by Prof. W. D. Lewis.

Curtis W. Lindley in a historical lecture on the American Indian.

Madame Helen Stuart-Richings, elocutionist and reader.

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Illustrated lecture, Ben Hur, a Tale of the Christ, Prof. Robert Turner.

Eddie Foy's Company, The Earl and the Girl, in songs and dances, by courtesy of the management.

Mr. McCollin, the blind entertainer.

Sauquoit talent in a program of music.

Musicale, by Prof. Bergner's Orchestra and others.

Concert, by the Haydn Male Chorus of Utica.

Illustrated lecture, Rip Van Winkle, by Prof. W. D. Lewis.

Illustrated lecture, with rapid crayon and charcoal sketches, by Mr. George Little.

Woodcock's Little Game, a farce in two acts, by hospital talent and others.

Concert, by Hyer Concert Company.

Concert, by Old Homestead Quartette.

The annual field day, held September twenty-first, favored with beautiful weather, as is usual, was anticipated with keen interest, and was very much enjoyed by over 700 patients.

One of the very best diversions obtained by the male patients has resulted from the fitting up of the billiard, pool and smoking room in the basement. Here, when the inclemency of the weather prevents their going out, the men are able to while away most enjoyably many of what otherwise would be monotonous hours.

A decided impetus has been given to reading by the most appreciative patients, through the addition of ninety-eight new books to the library, and the following papers and magazines which have been subscribed for: New York Times, two copies; Sun, one copy; Tribune, three copies; Herald, four copies; Ladies' World, two copies; Ladies' Home Journal, four copies; Munsey's, two; Everybody's, two; McClure's, two; Colliers', two, and Harper's and Century, one each.

During the summer months several Saturday afternoons were devoted to baseball games on the hospital lawn, participated in by both patients and employees, and enjoyed to the fullest extent. Patients in squads of six were allowed to attend the State League games, and were admitted at reduced rates through the courtesy of the Utica Field Club.

When the conditions were favorable many of the female patients visited the city parks, enjoying trolley rides and securing additional recreation in the city's playgrounds.

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May 22, 193 patients attended Ringling Brothers' circus, and on July 31, 138 attended Buffalo Bill's Wild West show.

The appearance and pleasure obtained from the grounds have both been enhanced by the purchase of two dozen swings.

On the wards additional music has been obtained through the purchase of two new pianos and Victrola, and for these and the other instruments new music and records have been bought. Additional game boards have been supplied to various wards, and for the women a parlor pool table.

DENTIST.

Dr. H. M. Clapp visited the hospital weekly and rendered adequate professional services to a class of cases in which the demand for relief is frequently urgent. The treatment in the greater number of cases has consisted of extraction or repair; the mental condition of such patients as would be benefited by artificial dentures being in many cases such as to preclude their proper fitting and use.

OPHTHALMOLOGIST.

The hospital has had the advantage of semi-weekly visits from Dr. J. E. Gage, the ophthalmologist to the institution. All patients whose mental condition permitted have been examined as soon as possible after admission, and refractive errors have been corrected and necessary lenses provided.

There were 15 pathological conditions among the 298 patients, as follows:

Cataract:

Immature	3
Presenile	1
Optic atrophy	2
Corneal opacity	1
Optic neuritis	1
Choroiditis	2
Hyalitis	1
Posterior synechia	2
Rupture of globe	1
Chronic conjunctivitis	1

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Of this number possibly three could be said to have had a bearing on or resulted from the same nervous alterations as the psychosis.

In the case of rupture of the globe removal of the eye was necessary.

One operation for mastoiditis, the result of middle ear disease, was performed during the year.

STEWARD'S DEPARTMENT.

The steward reports as follows on the farm and manufacturing department.

The work on the farm has been carried on in about the usual manner, the acreage under cultivation and the production not differing materially from former years. There was planted 23 acres of garden; 78 acres ensilage corn; 1 acre early potatoes; 23 acres late potatoes, and the usual amount of berries, melons, etc. Although the spring was cold and wet, and we were late in planting and sowing, the results have been very satisfactory. Commencing the early part of June our tables were supplied with lettuce, green pease, radishes and the usual green vegetables in abundance.

Owing to the construction of the Nurses' Home and the Acute Hospital, which were located in the garden, we were necessarily compelled to encroach on land that has hitherto been used for farm purposes only. Supply of fresh vegetables harvested will be sufficient to carry us through the coming winter and until early vegetable time next year, with the exception of potatoes. The early potatoes matured and were harvested before they were struck with blight, and the yield was large and quality excellent. During the summer the outlook for an exceedingly large yield of late potatoes was fine, but the wet and muggy weather in September brought on blight, and, although at digging time we found fully one-third of the crop rotted, our harvest of merchantable potatoes exceeded 2,900 bushels, and at the ruling market price this season, they have proven to be a profitable crop.

The quantity and quality of melons produced was somewhat disappointing, especially as compared with the year 1906, but the season was entirely too cold and wet for good results. About 8,000 quarts of berries, consisting of strawberries, raspberries and blackberries, were produced and served to patients and

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employees in goodly quantities. It is, of course, unnecessary to add that they were highly appreciated.

Our yield of hay was somewhat less than last year, but as this was a general complaint throughout the country, we feel that it was not due to any neglect on our part.

The old meadows were very poor, particularly was this the case with a forty-acre field on the flats. Other seasons we have harvested from one and a half to two and a half tons per acre of good feeding hay, but this year the harvest was very short and the quality poor. New seeding was unusually good. From an eighteen-acre field, opposite the dwelling at Grayercroft, fifty-nine loads of excellent quality timothy hay were harvested.

The yield of ensilage corn was from 900 to 1,000 tons, sufficient to fill our five silos and last us well into next summer.

Alfalfa has been increased about four acres. It came along in good shape, and, at this writing, has every indication of making a permanent stand next season, although it is rather early to predict what shape the winter weather will leave it in next spring. At any rate, it is our purpose to, as rapidly as possible, seed to alfalfa. Our experience so far with this hay has been that it is not only a great milk producer, but fed with ensilage and grains makes a well-balanced ration for the cattle.

The two large silos which were in bad condition have been repaired and hooped. They are now practically as good as new and should last us for several years.

About 32,000 pounds of pork was produced from our swine herd from which we have supplied our lard and a good portion of the hams and bacon used. It is worthy of note that the herd have been entirely free from sickness for several years past. Whether it is due to the breed of swine (and I am inclined to think that such is the case) or other conditions, it is, at any rate, a very satisfactory condition from an economical standpoint.

Our flock of fowls now consists of about 1,150 hens and 100 ducks, with a few guinea fowls. They produced 4,000 dozen fresh eggs last season besides 1,700 chickens for the table. Experiments for the past few years with different breeds of fowls have convinced us that for our use the Plymouth Rocks for general purposes and Leghorns for laying are the ideal fowls.

The average number of milch cattle in the dairy have been from 63 to 70, the total quantity of milk produced being 256,000 quarts in round figures. The herd consists of grade Holsteins, a few

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grade Durhams, native cattle and a few thoroughbred Ayrshires. It is our purpose to increase the number of Ayrshire as rapidly as we possibly can. It is a well-known fact that while this breed does not produce such a copious quantity of milk as the Holsteins, on the other hand, they have the advantage of producing an excellent quality of milk on a smaller grain ration. The condition of the farm stock in general has been good and there has been little or no sickness.

Many improvements, particularly in the matter of drainage, have been carried on, and it will not be long before the entire farm will have been thoroughly under-drained, which will greatly benefit the land.

An appropriation for a barn and two silos to duplicate the one now at Graycroft has been made, and although it is too late to commence work this fall, it is hoped that matters will be arranged so that an early start can be made the coming spring.

The old barn is in a frightfully unsanitary condition and should be abandoned at the very earliest moment.

The need of 100 acres additional farming land is very pressing. With this addition, cost of maintenance for the hospital could be reduced quite considerably. Quantities of grain and hay which are now purchased in the open market for live stock could be raised, and although the price of land in the immediate vicinity of the hospital property would no doubt seem excessive as compared with farming land in the country, there is no question but what we could show a good return on the money invested, and there would be no outlay for farm labor, teams or implements as our present working force is entirely adequate to till this additional property.

MANUFACTURING DEPARTMENT

As usual the Manufacturing Department has been supplying the hospitals with coffee, spices, printing, brushes, brooms, mats, broom corn, etc. While practically the same volume of business has been carried on as heretofore, receipts from the treasurer show a considerable falling off. This is due to the fact that the last Legislature abolished the Manufacturing Department and combined it with the maintenance. The net profit on sales of about \$83,000 approximated 3 per cent, merely enough to offset the depreciation of machinery in this department. It is our aim to supply the institution at as near cost as possible, thereby making

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a saving to the whole service. At the present time a superior grade of Bourbon Santos coffee is being sold to the hospitals at $10\frac{1}{4}$ cents roasted, and prices of other commodities are about on this basis.

VISITS.

October 8 and 9, 1906, the annual visit of the Commissioners for conference with the Committee of the Board of Managers relative to extraordinary improvements occurred. Commissioner Parkhurst visited the hospital March 25, 1907, and again with Commissioner Viele July twenty-fifth. Dr. Russell, Medical Inspector, paid his regular visits October 8 and 9, 1906, and January 23 and May 20, 1907.

His Excellency Governor Hughes called April 1, 1907.

The Committee of the Board of Managers on the Rules and Regulations for State Hospitals met at the institution August 13, 1907.

Dr. R. B. Lamb, Superintendent Matteawan State Hospital, and Dr. R. H. Hutchings, Superintendent St. Lawrence State Hospital, visited the institution, as did also Dr. G. Alder Blumer, formerly superintendent of this hospital, now superintendent of Butler Hospital, Providence, R. I.

Miss Mary Vida Clark, assistant secretary State Charities Aid Association, visited the institution September fourth and devoted especial attention to the newly occupied wards in the Administration Building and to the buildings in course of construction.

ACKNOWLEDGMENT

In conclusion, I desire to thank the Board of Managers for their continued interest in the welfare of the hospital and its inmates and for their kindly advice and support.

To the staff and other officers grateful acknowledgment is made for their loyal aid and cooperation in the administration of the affairs of the hospital.

To the employees in general commendation is due for the faithful and conscientious performance of their manifold duties.

H. L. PALMER

Superintendent

September 30, 1907

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FINANCIAL STATEMENT

October 1, 1906, to September 30, 1907

Receipts

Balance October 1, 1906:

Salaries	\$44 30
Wages	256 18
Supplies	5,641 31
Manufacturing department	9,595 03
Received from Comptroller for salaries	15,127 54
Received from Comptroller for wages	95,153 81
Received from Comptroller for supplies	123,686 24
Received from reimbursing patients	12,642 97
Received from private patients	10,983 66
Received from interest	105 14
Received from steward's sales	371 07
Received from Comptroller — special fund	69,987 30
Received from manufacturing department receipts, ...	80,039 99
Total receipts	\$423,634 54

Disbursements

For salaries	\$15,171 84
For wages	95,409 99
For provisions and stores	\$70,003 42
For ordinary repairs	4,106 12
For farm and grounds	7,914 06
For clothing	5,460 28
For furniture and bedding	5,628 27
For books and stationery	1,578 82
For fuel and light	18,158 60
For medical supplies	1,530 24
For miscellaneous expenses	7,369 92
For transportation of patients	1,637 27
	123,387 00

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For manufacturing (maintenance account)	5,940 55
For extraordinary improvements, chapter 702, '05.	18,065 07
For extraordinary improvements, chapter 407, '06.	27,126 64
For extraordinary improvements, chapter 686, '06.	16,001 71
For extraordinary improvements, chapter 564, '07.	1,220 65
For extraordinary improvements, chapter 578, '07.	7,573 23
For manufacturing (manufacturing fund)	76,044 97
Remitted State Treasurer, chapter 580, Laws 1899.	24,102 84
Remitted State Treasurer, chapter 561, Laws 1907.	13,590 05
Total disbursements	\$423,634 54

(Signed)

CARROLL F. SMITH

Treasurer State Hospitals

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STOCK

Horses	22
Colts	2
Bulls	2
Cows	86
Heifers	7
Calves	12
Boars	2
Pigs	243
Shoats	100
Chickens	948
Ducks	74

FARM AND GARDEN PRODUCTS.

Asparagus, bunches of 10	406
Beets, bunches of 10	6,016
Beets, bushels	487
Beans, string, bushels	421 $\frac{3}{4}$
Beans, lima, bushels	132
Brussels sprouts, bushels	9 $\frac{1}{4}$
Corn, sweet, ears	20,268
Corn, pop, pounds	3,350
Cabbages, pounds	154,400
Celery, heads	26,887
Cauliflower, heads	2,327
Chard, Swiss, bushels	757
Carrots, bushels	565
Dill, bunches	27
Egg plant, pounds	464
Horseradish, bushels	17 $\frac{1}{2}$
Kale, Scotch, bushels	636 $\frac{1}{2}$
Kohl rabi, bushels	54
Leek, bunches of 12	609
Leek, bushels	67
Lettuce, bushels	1,435 $\frac{3}{4}$
Onions, bushels	523 $\frac{1}{4}$
Onions, green, bunches	8,048
Potatoes, bushels	849
Parsley, bushels	25 $\frac{1}{2}$
Peppers, red, dozens	31

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Parsnips, bushels	266
Peas, green, bushels	317½
Pumpkins, pounds	1,278
Pickles, cucumber	68,277
Rhubarb, bunches	12,663
Radishes, bunches	18,276
Squash, pounds	31,416
Salsify, bushels	25¼
Spinach, bushels	287½
Tomatoes, ripe, bushels	807
Tomatoes, green, bushels	15
Turnips, bushels	196

FRUITS

Apples, bushels	204
Blackberries, quarts	58
Currants, quarts	60
Cherries, quarts	20
Gooseberries, quarts	45
Grapes, pounds	250
Melons, water	1,004
Melons, musk	495
Pears, bushels	6
Raspberries, red, quarts	1,574
Strawberries, quarts	5,298

MEATS

Chickens, pounds	1,683
Ducks, pounds	70
Lard, pounds	4,458
Pork, pounds	31,787
Turkeys, pounds	84
Veal, pounds	2,838

DAIRY

Eggs, dozens	3,995
Milk, quarts	256,207

GRAIN, HAY AND STRAW

Hay, tons	278
Ensilage, tons	750

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MAINTENANCE FUND

Receipts

Balance October 1, 1906.....	\$5,941 79
From State Treasurer, for maintenance.....	228,027 04
From reimbursing patients.....	12,642 97
From private patients.....	10,983 66
From interest on account.....	105 14
From steward's sales.....	371 07
	\$258,071 67

Expenditures

For salaries.....	\$15,171 84
For wages.....	95,409 99
For provisions and stores.....	70,003 42
For ordinary repairs.....	4,106 12
For farm and grounds.....	7,914 06
For clothing.....	5,460 28
For furniture and bedding.....	5,628 27
For books and stationery.....	1,578 82
For fuel and light.....	18,158 60
For medical supplies.....	1,530 24
For miscellaneous expenses.....	7,369 92
For transportation of patients.....	1,637 27
For State Treasurer, chap. 580, Laws of 1899...	24,102 84
	\$258,071 67

SPECIAL FUND

Receipts

From State Treasurer for extraordinary improvements:

Balance October 1, 1906.....	
From State Treasurer.....	\$69,987 30
	\$69,987 30

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Expenditures

Chapter 702, Laws 1905.....	\$18,065 07
Chapter 407, Laws 1906.....	27,126 64
Chapter 686, Laws 1906.....	16,001 71
Chapter 564, Laws 1907.....	1,220 65
Chapter 578, Laws 1907.....	7,573 23
	\$69,987 30

MANUFACTURING DEPARTMENT

Receipts

Balance October 1, 1906.....	\$9,595 03
From State hospitals and other sources.....	80,039 99
	\$89,635 02

Expenditures

Paid wages.....	\$12,679 64
Paid for stock.....	69,305 88
Balance in hands of State Treasurer.....	7,649 50
	\$89,635 02

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TABLE No. 1

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	560	635	1,195
Admitted during year ending September 30, 1907.....	170	128	298
On original commitments:			
From residences.....	170	127	297
By transfers from county houses.....			
By transfers from other institutions for insane.....		1	1
Total number under treatment during year.....	730	763	1,493
Daily average population.....	571	632	1,203
Capacity of institution.....	556	640	1,196
Discharged during year:			
As recovered.....	47	31	78
As improved.....	26	32	58
As unimproved.....	12	15	27
As not insane.....	7	1	8
Died.....	52	46	98
Whole number discharged during year.....	144	125	269
Remaining October 1, 1907.....	586	638	1,224

Of those discharged "not insane" 5 men were inebriates, 1 a cocaine and 1 a morphine habitue, and the single woman a morphine habitue.

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TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening, January 16, 1843.	
Total acreage of grounds and buildings.....	455
Value of real estate, including buildings.....	\$1,230,000 00
Value of personal property.....	115,000 00
Acreage under cultivation.....	340
Receipts during year, maintenance fund:	
Balance on hand October 1, 1906.....	\$5,941 79
From private patients.....	10,983 66
From reimbursing patients.....	12,642 97
From all other sources.....	476 21
Total receipts for maintenance.....	\$30,044 63
Balance on hand October 1, 1906, manufacturing department	\$9,595 03
Total receipts from manufacturing fund.....	89,635 02
Paid Carroll F. Smith, treasurer, under chapter 490, Laws of 1905.....	\$30,044 63
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$99,230 05
Maximum rate of wages paid attendants: Men attendants, \$30.00; nurses, \$37.50. Women attendants, \$22.50; nurses, \$31.25.	
Minimum rate of wages paid attendants: Men, \$22.00; women, \$16.00.	
Proportion of day attendants to average daily population, 1 to 10.19.	
Proportion of night attendants to average daily population, 1 to 48.12.	
Percentage of daily patient population engaged in some kind of useful occupation, 51.12 per cent.	
Estimated value of farm and garden products during year, \$25,800.00.	
Estimated value of articles made or manufactured by patients during year, \$11,750.00.	

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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc)	6	2	8	2	1	3	1
Mental strain, worry and overwork (not included in above)	10	17	27	3	6	9	....
Religious excitement	1	1	2	1	1	2	....
Love affairs (including seduction) . . . .	....	1	1	....	1	1	....
Fright and nervous shock . . . . .	....	2	2	....	....	....	1
Physical:							
Intemperance	32	5	37	10	1	11	3
Sexual excess . . . . .	....	1	1	....	....	....	1
Venereal diseases	11	6	17	3	3	6	3
Accident or injury	1	2	3	....	....	....	....
Parturition and puerperium . . . . .	....	2	2	....	1	1	....
Change of life . . . . .	....	13	13	....	6	6	....
Fevers	1	1	2	....	1	1	....
Epilepsy	2	5	7	....	2	2	1
Diseases of skull and brain	6	4	10	4	3	7	1
Old age	24	15	39	5	3	8	3
Abuse of drugs	4	2	6	1	....	1	....
All other bodily disorders and ill health	9	7	16	5	1	6	....
Hereditary	8	8	16	8	8	16	....
Congenital defect	10	1	11	3	....	3	3
Unascertained	38	33	71	7	3	10	15
Not insane	7		7	2		2	
Total	170	128	298	54	41	95	32

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TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity	29	25	1	89	64	5
General paralysis	23	.....	12	71	.....	60
Senile insanity	49	.....	34	131	.....	121
Epilepsy with insanity	7	.....	7	29	1	16
Imbecility, idiocy with insanity	23	.....	2	41	.....	2
Other psychoses	160	53	42	544	116	113
*Not insane	7			17		

*Includes cases of alcoholism, drug habit, etc.

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TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	22	9	31	.....	.....	.....	331	268	599
One to three months.....	11	12	23	.....	5	21	186	235	421
Three to six months.....	4	2	6	.....	13	30	78	107	185
Six to nine months.....	2	3	5	.....	4	13	51	51	102
Nine months to one year.....	1	.....	1	.....	4	5	29	22	51
One year to eighteen months..	1	1	2	.....	3	5	34	25	59
Eighteen months to two years..	1	3	4	.....	1	1	11	7	18
Two to three years.....	1	1	2	.....	1	3	11	19	30
Three to four years.....	1	.....	1	.....	.....	.....	6	4	10
Four to five years.....	1	.....	1	.....	.....	.....	7	4	11
Five to ten years.....	1	.....	1	.....	.....	.....	10	1	11
Ten to twenty years.....							3		3
Unascertained.....	1		1				56	29	85
Total.....	47	31	78	47	31	78	813	772	1,585
							813	772	1,585

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TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Small pox.....					2	2
Diphtheria.....					3	3
Erysipelas.....				6	8	14
Septicemia and pyemia..	1		1	14	7	21
Dysentery.....				3	2	5
Syphilis.....				1	2	3
Tuberculosis.....	1	6	7	81	109	190
Constitutional diseases:						
Rheumatism (or rheu- matic affections).....				1		1
Diabetes melitus and diabetes insipidus.....					1	1
Diseases of the digestive system:						
Diseases of the stomach.....		1	1	3	4	7
Diseases of the intestines	3	6	9	63	78	141
Diseases of the liver.....	1		1	6		6
Diseases of the perito- neum.....				8	6	14
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi...	3	1	4	10	3	13
Diseases of the lungs....	2	2	4	87	52	139
Diseases of the pleura....				5	2	7
Diseases of the circulatory system:						
Diseases of the pericar- dium.....				1	1	2
Diseases of the heart....	11	16	27	84	140	224
Arterio-sclerosis.....				10	2	12
Aneurism.....				2	1	3

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Table No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia, and leukemia	1	.....	1	3	.....	3
Diseases of the genitourinary system	1	4	5	36	67	103
Diseases of the nervous system: †						
Diseases of the spinal cord	1	.....	1	5	2	7
Diseases of the meninges.	2	.....	2	20	4	24
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	7	1	8	77	48	125
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia . . . . .	.....	.....	.....	9	8	17
Epilepsy	5	1	6	14	5	19
Mental diseases:						
Exhaustion of acute mental disease	2	1	3	68	30	98
Exhaustion of chronic mental disease						
General paralysis of the insane	8	4	12	246	61	307
The intoxications; heat-stroke; obesity:						
Alcoholism	1	.....	1	2	.....	2
Metallic poisoning				1	1	2
Heat-stroke				1	1	2
Debility of old age				93	30	123
Accident	1		1	7	4	11
Suicide				11	5	16

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TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Surgical and gynecological diseases and diseases of the skin.....				10	11	21
Malignant new growths or cancer :.....	1	3	4	8	26	34
Unknown.....					1	1
Total.....	52	46	98	996	726	1,722

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907.			SINCE OCTOBER 1, 1888.		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	16	16	32	294	316	610
Maternal branch.....	21	14	35	302	348	650
Paternal and maternal branches.....	3	2	5	83	78	161
Collateral branches.....	14	9	23	254	254	508
No hereditary tendency	95	76	171	1,217	1,075	2,292
Unascertained.....	21	11	32	1,198	854	2,052
Not insane.....				84	17	101
Total.....	170	128	298	3,432	2,942	6,374

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TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	75	36	111	1,560	1,018	2,578
Married.....	70	65	135	1,496	1,303	2,799
Widowed.....	25	26	51	294	564	858
Divorced.....		1	1	23	21	44
Unascertained.....				59	36	95
Total.....	170	128	298	3,432	2,942	6,374

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Col'egiate.....	5		5	66	2	68
Academic.....	15	16	31	166	266	432
Common school.....	132	88	220	2,402	2,007	4,409
Read and write.....	3	8	11	228	162	390
Read only.....	1	3	4	119	120	239
No education.....	10	12	22	254	247	501
Unascertained.....	4	1	5	197	138	335
Total.....	170	128	298	3,432	2,942	6,374

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....				1	.....	1
From 10 to 15 years.....	1	1	2	8	5	13
From 15 to 20 years.....	5	5	10	115	103	218
From 20 to 25 years.....	16	4	20	256	197	453
From 25 to 30 years.....	14	14	28	332	290	622
From 30 to 35 years.....	18	15	33	426	328	754
From 35 to 40 years.....	19	17	36	440	327	767
From 40 to 50 years.....	32	20	52	748	658	1,406
From 50 to 60 years.....	33	19	52	488	477	965
From 60 to 70 years.....	11	16	27	359	317	676
From 70 to 80 years.....	17	11	28	202	170	372
From 80 to 90 years.....	4	6	10	57	70	127
Total.....	170	128	298	3,432	2,942	6,374

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	2	4	36	46	82
From 20 to 30 years.....	8	9	17	189	202	391
From 30 to 40 years.....	14	7	21	212	204	416
From 40 to 50 years.....	14	3	17	201	161	362
From 50 to 60 years.....	6	8	14	100	105	205
From 60 to 70 years.....	2	2	4	62	42	104
From 70 to 80 years.....	1	.....	1	13	12	25
Total.....	47	31	78	813	772	1,585

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				1		1
From 15 to 20 years.....				6	3	9
From 20 to 25 years.....		1	1	26	13	39
From 25 to 30 years.....	3		3	31	21	52
From 30 to 35 years.....	1	4	5	65	36	101
From 35 to 40 years.....	2	5	7	91	56	147
From 40 to 50 years.....	10	4	14	219	121	340
From 50 to 60 years.....	10	8	18	173	144	317
From 60 to 70 years.....	12	6	18	176	132	308
From 70 to 80 years.....	11	10	21	145	127	272
From 80 to 90 years.....	3	8	11	63	73	136
Total.....	52	46	98	996	726	1,722

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	31	20	51
One to three months.....	28	18	46
Three to six months.....	15	7	22
Six to nine months.....	19	13	32
Nine months to one year.....	5	3	8
One year to eighteen months.....	15	16	31
Eighteen months to two years.....	5	4	9
Two to three years.....	12	16	28
Three to four years.....	9	6	15
Four to five years.....	2	5	7
Five to ten years.....	5	6	11
Ten to fifteen years.....	4	5	9
Fifteen to twenty years.....	2	1	3
Twenty to thirty years.....	2	4	6
Thirty years and upwards.....	2	1	3
*Not insane.....	7	.....	7
Unascertained.....	7	3	10
Total.....	170	128	298

* Includes cases of alcoholism, morphia habit, etc.

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	19	13	32
One to three months.....	27	28	55
Three to six months.....	22	27	49
Six to nine months.....	19	9	28
Nine months to one year.....	17	15	32
One year to eighteen months.....	44	28	72
Eighteen months to two years.....	16	28	44
Two to three years.....	38	58	96
Three to four years.....	43	55	98
Four to five years.....	31	34	65
Five to ten years.....	129	158	287
Ten to fifteen years.....	122	108	230
Fifteen to twenty years.....	46	53	99
Twenty to thirty years.....	8	17	25
Thirty years and upwards.....	5	7	12
Total.....	586	638	1,224

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military, and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	5	.....	5	93	4	97
Commercial:						
Bankers, merchants, ac- countants, clerks, salesmen, shopkeepers, shopmen, stenogra- phers, typewriters, etc.	24	.....	24	400	.....	400
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	25	.....	25	714	.....	714
Mechanics, at outdoor voca- tions:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	32	.....	32	565	.....	565
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, tail- ors, weavers, bakers, etc.....	27	.....	27	525	1	526
Domestic service:						
Waiters, cooks, servants, etc.....	4	15	19	41	527	668
Educational and higher do- mestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....	3	75	78	23	1,501	1,524

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, saleswomen						
stenographers, type-						
writers, etc.		4	4	.....	38	38
Employed in sedentary oc-						
cupation:						
Tailoresses, seamstresses,						
bookbinders factory						
workers, etc.		11	11	1	321	322
Miners, seamen, etc.	2		2	18		18
Prostitutes.					11	11
Laborers.	42		42	808		808
No occupation.	6	23	29	201	413	614
Unascertained.				43	26	69
Total.	170	128	298	3,432	2,942	6,374

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arkansas.....				1		1
Connecticut.....	1	1	2	21	8	29
Delaware.....				1		1
Georgia.....				2	2	4
Illinois.....	1		1	1	6	7
Indiana.....					1	1
Iowa.....				4		4
Kansas.....				1	2	3
Kentucky.....				3		3
Louisiana.....				1		1
Maine.....				2	2	4
Maryland.....				8	11	19
Massachusetts.....	3		3	22	11	33
Michigan.....				4	3	7
Missouri.....	1		1	6	4	10
Nebraska.....				2		2
Nevada.....				1		1
New Hampshire.....				6	4	10
New Jersey.....				6	10	16
New York.....	115	88	203	2,168	1,869	4,037
North Carolina.....				2	3	5
Pennsylvania.....	1	1	2	15	14	29
Ohio.....		1	1	7	6	13
Rhode Island.....				5	1	6
South Carolina.....				2		2
Tennessee.....					1	1
Vermont.....	3		3	24	17	41
Virginia.....	2		2	9	2	11
West Virginia.....				2		2
Wisconsin.....				3	7	10
United States.....		2	2	56	36	92
Austria.....	2	1	3	14	7	21
Belgium.....	1		1	1		1
Bohemia.....				4	1	5
Canada.....	4	4	8	69	57	126

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
China	1		1	1		1
Denmark				8	5	13
England	2	4	6	110	78	188
France				8	10	18
Germany	8	3	11	227	197	424
Holland				2	3	5
Hungary	1	1	2	10	5	15
Ireland	9	9	18	324	359	683
Italy	8	3	11	39	27	66
New Brunswick				1		1
Newfoundland				1		1
Norway				2		2
Poland	1	3	4	24	24	48
Roumania				1		1
Russia	3		3	22	5	27
Scotland	1	1	2	19	16	35
Sweden	1		1	5	4	9
Switzerland		1	1	15	17	32
Turkey				1	1	2
Wales	1	2	3	41	31	72
Unascertained		3	3	98	75	173
Total	170	128	298	3,432	2,942	6,374

Of the total number admitted since the 1st of October, 1888, the parents of 45.07 per cent were both of foreign birth.

In 4.49 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.96 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....	1	1	2
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....	21		21
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....	38		38
Jefferson.....	1		1
Kings.....			
Lewis.....			
Livingston.....			
Madison.....	4		4
Monroe.....			
Montgomery.....	28		28
Nassau.....			
New York.....			
Niagara.....			
Oneida.....	121	1	122
Onondaga.....	4	1	5
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Queens			
Rensselaer			
Richmond			
Rockland			
St. Lawrence			
Saratoga	26		26
Schenectady	31	1	32
Schoharie			
Schuyler			
Seneca			
Steuben	1		1
Suffolk			
Sullivan			
Tioga			
Tompkins			
Ulster			
Warren	17	1	18
Washington			
Wayne			
Westchester			
Wyoming			
Yates			
Soldiers' Home			
Total	293	5	298

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	23	5	28	1	2	3
Allegany.....						
Broome.....	1		1		1	1
Cattaraugus.....						
Cayuga.....		1	1		2	2
Chautauqua.....						
Chemung.....		2	2		1	1
Chenango.....		1	1			
Clinton.....						
Columbia.....						
Cortland.....		1	1			
Delaware.....						
Dutchess.....	1		1			
Erie.....	1		1	1		1
Essex.....						
Franklin.....						
Fulton.....	45	53	98	1	1	2
Genesee.....						
Greene.....	1		1			
Hamilton.....	3		3	1		1
Herkimer.....	40	82	122	1	2	3
Jefferson.....	1	1	2		1	1
Kings.....				1		1
Lew's.....						
Livingston.....	2	1	3			
Madison.....	14	11	25		1	1
Monroe.....					1	1
Montgomery.....	48	58	106	1	2	3
New York.....	14	7	21	1		1
Niagara.....						
Oneida.....	238	223	461	5	4	9
Onondaga.....	3	12	15		1	1
Ontario.....						
Orange.....						
Orleans.....						
Oswego.....		2	2			
Otsego.....		1	1			

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Putnam						
Queens						
Rensselaer	9	1	10	1	1	2
Richmond						
Rockland						
St. Lawrence					1	1
Saratoga	36	62	98			
Schenectady	60	32	92		1	1
Schoharie	1	1	2			
Schuyler						
Seneca						
Steuben	2		2			
Suffolk						
Sullivan						
Tioga						
Tompkins					1	1
Ulster						
Warren	21	54	75			
Washington	7	2	9			
Wayne						
Westchester		1	1		1	1
Wyoming	1		1			
Yates						
Unascertained						
Total	572	614	1,186	14	24	38

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 21

Showing the average number of men employed, the average daily population and the percentage employed daily each month in the year ending September 30, 1907

MONTH	Daily average number of men employed	Daily average population	Percentage employed
1906			
October	300	556	53.92
November	295	559	52.83
December	285	561	50.87
1907			
January	288	566	50.91
February	285	570	50.08
March	277	571	48.55
April	288	570	50.51
May	298	575	51.81
June	307	580	52.89
July	301	583	51.55
August	309	581	53.19
September	296	583	50.82
Average percentage			51.49

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 22

Showing the average number of women patients employed, the average daily population, and the percentage employed daily each month in the year ending September 30, 1907

MONTH	Daily average number of women employed	Daily average population	Percentage employed
1906			
October	318	634	50.13
November	316	630	50.07
December	315	625	50.46
1907			
January	316	624	50.68
February	315	624	50.51
March	323	626	51.63
April	322	629	51.14
May	321	631	50.81
June	326	639	51.03
July	333	643	51.84
August	331	641	51.64
September	315	641	49.12
 Average percentage			50.75

TABLE No. 23

Showing the general statistics of the hospital from the opening, January 16, 1843, to September 30, 1907

Total number of admissions	23,631
Total number discharged recovered	7,578
Total number discharged improved	3,543
Total number discharged unimproved	6,894
Total number died	3,929
Total number discharged not insane	463
	22,407
Remaining September 30, 1907	1,224

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 24

General statement of the operations of the Utica State Hospital for the sixty-four years ending September 30, 1907

YEAR	Number Admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
1843.....	276	80	276	53	14	6	.....	7
1844.....	275	211	471	132	47	16	.....	16
1845.....	293	268	553	135	78	34	.....	21
1846.....	337	248	662	133	60	33	.....	22
1847.....	428	330	802	187	70	25	.....	48
1848.....	405	382	877	174	84	38	.....	86
1849.....	362	408	857	203	66	70	.....	69
1850.....	367	387	816	171	57	108	.....	51
1851.....	366	360	795	112	66	134	.....	48
1852.....	390	400	825	156	53	152	.....	39
1853.....	424	403	849	169	66	129	.....	39
1854.....	390	386	836	164	42	115	.....	65
1855.....	275	270	725	128	15	79	16	32
1856.....	242	236	697	100	33	65	8	30
1857.....	235	245	696	95	25	83	10	32
1858.....	333	282	784	114	33	99	5	31
1859.....	312	295	814	114	57	86	3	35
1860.....	337	399	856	105	56	133	3	42
1861.....	295	280	812	83	58	104	4	31
1862.....	287	305	819	106	51	115	3	30
1863.....	287	267	801	80	38	101	6	42
1864.....	319	289	853	109	44	84	4	48
1865.....	356	305	920	113	35	91	9	57
1866.....	388	362	1,003	164	39	106	9	44
1867.....	401	439	1,042	159	58	164	7	51
1868.....	382	415	985	157	85	105	10	58
1869.....	463	430	1,033	156	85	117	8	64
1870.....	481	441	1,084	153	72	134	7	75
1871.....	516	576	1,159	168	85	235	17	61
1872.....	399	447	982	142	73	156	14	62
1873.....	410	365	945	122	42	141	11	49
1874.....	368	376	948	123	53	138	14	48
1875.....	432	369	1,004	132	37	134	5	61
1876.....	436	505	1,071	142	53	237	13	60
1877.....	460	444	1,026	148	61	160	15	60

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 24 — (Concluded)

YEAR	Number Admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
1878.....	427	402	1,009	144	37	145	7	69
1879.....	418	405	1,025	141	56	154	8	48
1880.....	468	474	1,088	155	66	197	14	42
1881.....	411	399	1,025	128	54	158	8	51
1882.....	412	460	1,038	109	46	235	13	57
1883.....	404	378	982	129	61	114	17	57
1884.....	387	384	991	89	51	177	11	56
1885.....	392	430	999	122	59	199	10	40
1886.....	430	425	999	79	61	227	6	52
1887.....	374	370	948	97	53	145	14	61
1888.....	444	411	1,022	99	63	176	13	60
1889.....	466	424	1,077	125	78	135	17	69
1890.....	507	410	1,160	135	90	78	14	93
1891.....	421	393	1,171	108	83	103	2	97
1892.....	345	286	1,123	87	43	68	8	80
1893.....	379	245	1,216	85	36	23	7	94
1894.....	355	327	1,326	69	22	142	3	91
1895.....	394	401	1,393	94	43	161	5	98
1896.....	319	295	1,311	78	88	37	7	85
1897.....	225	172	1,241	100	50	10	12	70
1898.....	268	149	1,267	79	40	12	18	62
1899.....	305	141	1,361	70	50	20	11	91
1900.....	271	193	1,390	65	52	72	4	90
1901.....	301	260	1,408	72	47	43	3	95
1902.....	271	294	1,419	66	75	58	2	93
1903.....	260	319	1,385	53	44	125	5	92
1904.....	313	245	1,379	67	45	23	5	105
1905.....	321	297	1,455	76	61	45	4	111
1906.....	318	281	1,476	77	50	40	6	108
1907.....	298	269	1,493	78	58	27	7	98

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 25

Showing percentage of recoveries on the average population and admissions for sixty-four years

YEAR	ON AVERAGE POPULATION			ON ADMISSION		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1843....	109	53	48.52	276	53	19.20
1844....	236	132	55.93	275	132	48.80
1845....	365	135	50.94	293	135	46.07
1846....	283	133	46.99	337	133	39.46
1847....	415	187	45.06	428	187	43.60
1848....	474	174	36.70	405	174	42.96
1849....	454	203	44.71	362	203	56.07
1850....	433	171	39.49	367	171	46.59
1851....	440	112	23.45	366	112	36.60
1852....	441	156	35.37	390	156	40.00
1853....	423	169	39.95	424	169	39.85
1854....	444	164	37.16	390	164	42.05
1855....	467	128	27.40	275	128	46.54
1856....	454	100	22.24	242	100	41.73
1857....	463	95	20.52	235	95	40.42
1858....	489	114	23.31	333	114	34.23
1859....	509	114	22.40	312	114	36.54
1860....	516	105	20.33	337	105	31.15
1861....	519	83	15.99	295	83	27.46
1862....	526	106	20.15	287	106	36.93
1863....	528	80	15.15	282	80	27.87
1864....	560	109	19.46	319	109	31.02
1865....	591	113	18.95	356	113	31.74
1866....	643	164	25.50	388	164	42.26
1867....	610	159	26.00	401	159	40.25
1868....	589	157	26.65	382	157	41.78
1869....	600	156	26.00	463	156	34.51
1870....	629	153	24.32	481	153	32.48
1871....	605	168	27.76	516	168	33.40
1872....	588	142	24.00	399	142	37.22
1873....	563	122	21.67	410	122	30.73
1874....	581	123	21.17	368	123	33.97
1875....	585	132	22.17	432	132	31.65
1876....	615	142	23.09	436	142	33.17
1877....	607	148	24.38	460	148	33.10
1878....	600	144	24.00	427	144	34.53

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 25—(Concluded)

YEAR	ON AVERAGE POPULATION			ON ADMISSION		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1879....	621	141	22.74	418	141	35.07
1880....	610	155	25.41	468	155	33.92
1881....	626	128	20.45	411	128	31.76
1882....	621	109	17.55	412	109	27.32
1883....	591	129	21.82	404	129	33.16
1884....	613	89	14.52	387	89	23.92
1885....	584	122	20.89	392	122	31.93
1886....	577	79	13.69	430	79	18.72
1887....	595	97	16.30	374	97	26.87
1888....	602	99	16.45	444	99	22.92
1889....	645	126	20.06	466	126	28.06
1890....	691	135	19.53	507	135	27.38
1891....	786	108	13.74	410	108	26.83
1892....	811	87	10.72	339	87	25.66
1893....	923	85	9.20	375	85	22.66
1894....	978	69	7.06	352	69	19.60
1895....	1,004	94	9.36	394	94	23.85
1896....	1,004	78	7.76	319	78	24.45
1897....	1,014	100	9.86	225	100	44.44
1898....	1,014	79	7.79	268	79	29.48
1899....	1,099	70	6.37	305	70	22.98
1900....	1,112	65	5.85	271	65	24.00
1901....	1,128	72	6.38	301	72	23.92
1902....	1,124	66	5.88	271	66	24.35
1903....	1,115	53	4.75	260	53	20.38
1904....	1,102	67	6.08	313	67	21.41
1905....	1,152	76	6.51	321	76	23.67
1906....	1,180	77	6.58	318	77	24.21
1907....	1,203	78	6.48	298	78	26.17

UTICA STATE HOSPITAL—ANNUAL REPORT

TABLE No. 26

Showing percentage of deaths on the whole number treated, and on the average population for sixty-four years

YEAR	Deaths	Whole number treated	Percentage	Average population	Percentage
1843.....	7	276	2.53	109	6.44
1844.....	16	471	3.39	236	6.78
1845.....	21	553	3.79	365	7.92
1846.....	22	662	3.53	283	7.77
1847.....	48	802	5.98	415	11.56
1848.....	86	877	9.80	474	18.14
1849.....	69	857	8.05	454	15.19
1850.....	51	816	6.25	433	11.77
1851.....	48	795	6.03	440	10.91
1852.....	39	825	4.72	441	8.84
1853.....	39	849	4.59	423	9.22
1854.....	65	836	4.75	444	14.63
1855.....	32	725	4.41	467	6.85
1856.....	30	697	4.30	454	6.61
1857.....	32	696	4.59	463	6.88
1858.....	31	784	3.95	489	6.33
1859.....	35	814	4.30	509	6.87
1860.....	42	856	4.90	516	8.13
1861.....	31	812	3.82	519	5.97
1862.....	30	819	3.66	526	5.70
1863.....	42	801	5.24	528	7.95
1864.....	48	853	5.02	560	8.57
1865.....	57	920	6.19	591	8.79
1866.....	44	1,003	4.38	643	6.84
1867.....	51	1,042	4.89	610	8.36
1868.....	58	985	5.88	589	9.84
1869.....	64	1,033	6.29	600	10.66
1870.....	75	1,084	6.91	629	12.08
1871.....	61	1,159	5.35	605	10.08
1872.....	62	982	6.31	588	10.54
1873.....	49	945	5.20	563	8.70
1874.....	48	948	5.06	581	8.25
1875.....	61	1,004	6.07	595	10.25
1876.....	60	1,071	5.60	615	9.75
1877.....	60	1,026	5.84	607	9.88
1878.....	69	1,009	6.84	600	11.50
1879.....	48	1,025	4.68	621	7.73
1880.....	42	1,088	3.86	610	6.89

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 26 — (Concluded)

YEAR	Deaths	Whole number treated	Percentage	Average popula- tion	Percentage
1881.....	51	1,025	4.98	626	8.15
1882.....	57	1,038	5.49	621	9.17
1883.....	57	982	5.80	591	9.64
1884.....	56	991	5.65	614	9.13
1885.....	40	999	4.00	584	6.84
1886.....	52	999	5.20	577	9.01
1887.....	61	948	6.43	595	10.25
1888.....	60	1,022	5.87	601	9.99
1889.....	69	1,077	6.41	645	10.68
1890.....	93	1,160	8.01	691	13.46
1891.....	97	1,171	8.28	786	12.34
1892.....	80	1,123	7.12	811	9.86
1893.....	94	1,216	7.73	923	10.18
1894.....	91	1,326	6.86	978	9.30
1895.....	98	1,393	7.03	1,004	9.76
1896.....	85	1,311	6.48	1,004	8.46
1897.....	70	1,241	5.64	1,014	6.90
1898.....	62	1,267	4.10	1,014	6.11
1899.....	91	1,361	6.68	1,099	8.28
1900.....	90	1,390	6.47	1,112	8.09
1901.....	95	1,408	6.74	1,128	8.42
1902.....	93	1,419	6.55	1,124	8.27
1903.....	92	1,385	6.64	1,115	8.25
1904.....	105	1,379	7.61	1,102	9.52
1905.....	111	1,455	7.62	1,152	9.63
1906.....	108	1,476	7.32	1,180	9.15
1907.....	98	1,493	6.58	1,203	8.14

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 27

Showing number of cases of general paresis admitted and died since 1849

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1849				4		4
1850	1		1	2		2
1851	1		1	2		2
1852	1	1	2		1	1
1853	6	1	7	4	1	5
1854	4	1	5	4		4
1855	7		7	4		4
1856	2		2	3		3
1857	9		9	3		3
1858	4	1	5	4		4
1859	5	1	6	3	2	5
1860	9		9	9		9
1861	8	1	9	10		10
1862	7		7	4		4
1863	11		11	9	1	10
1864	15	2	17	12		12
1865	22		22	12	2	14
1866	10	3	13	9		9
1867	13		13	8		8
1868	22		22	9	1	10
1869	29		29	15		15
1870	17	2	19	18	1	19
1871	27	4	31	17	1	18
1872	17	2	19	17	2	19
1873	21	2	23	15	2	17
1874	17		17	15	1	16
1875	15	2	17	15		15
1876	16	1	17	13	1	14
1877	24	5	29	10	1	11
1878	17	2	19	12	4	16
1879	18	3	21	8	1	9
1880	26	4	30	14		14
1881	27	3	30	12	2	14
1882	27	4	31	15	3	18
1883	30	4	34	16	5	21
1884	27	5	32	14	1	15
1885	20	5	25	6	2	8
1886	18	3	21	6	4	10

UTICA STATE HOSPITAL — ANNUAL REPORT

TABLE No. 27 — (Concluded)

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1887.....	20	7	27	15	.....	15
1888.....	23	4	27	8	2	10
1889.....	30	1	31	15	4	19
1890.....	19	4	23	24	1	25
1891.....	12	4	16	19	7	26
1892.....	19	3	22	14	3	17
1893.....	15	5	20	11	4	15
1894.....	7	4	11	12	4	16
1895.....	15	5	20	20	2	22
1896.....	14	.....	14	14	.....	14
1897.....	6	.....	6	8	2	10
1898.....	6	1	7	9	4	13
1899.....	11	1	12	14	6	20
1900.....	13	4	17	4	2	6
1901.....	9	.....	9	13	3	16
1902.....	16	.....	16	8	1	9
1903.....	21	4	25	14	3	17
1904.....	23	6	29	14	6	20
1905.....	18	7	25	17	7	24
1906.....	12	8	20	20	4	24
1907.....	17	6	23	8	4	12
Total	876	136	1012	634	108	742

THIRTY-NINTH ANNUAL REPORT

OF THE

BOARD OF MANAGERS

OF THE

WILLARD STATE HOSPITAL

TO THE

STATE COMMISSION IN LUNACY

FOR THE YEAR ENDING SEPTEMBER 30, 1907

OFFICERS OF THE HOSPITAL

BOARD OF MANAGERS

ANNIE LAURIE STEWART.....	Ithaca
E. C. DWELLE.....	Penn Yan
MARY C. ACKER.....	Hornell
JOSEPH CAMERON	Hornell
ABRAM S. STOTHOFF.....	Watkins
FRED J. MANRO.....	Auburn
WM. S. MACDONALD.....	Seneca Falls

President

ABRAM S. STOTHOFF.....	Watkins
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Secretary

FRED J. MANRO.....	Auburn
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Attorney

E. B. PARTRIDGE.....	Phelps
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RESIDENT OFFICERS

Medical Superintendent

ROBERT M. ELLIOTT, M. D.

First Assistant Physician

ROBERT E. DORAN, M. D.

Second Assistant Physician

THOMAS J. CURRIE, M. D.

Assistant Physicians

JOHN W. RUSSELL, M. D. WM. H. MONTGOMERY, M. D.
ERVING HOLLEY, M. D. LOUIS T. WALDO, M. D.
CHESTER L. CARLISLE, M. D.

Junior Physician

(Vacancy)

Woman Physician

CHARLOTTE B. MACARTHUR, M. D.

Medical Internes

ALLEN H. WRIGHT, M. D.
JAMES E. MALONEY, M. D.

Clinical Assistant

WILLIAM A. SMITH, M. D.

Steward

FRANK L. WARNE

Matron

MARY E. MAY

Consulting Surgeons

WILLIAM W. SKINNER, M. D. Geneva
WILLIAM B. JONES, M. D. Rochester

Attending Ophthalmologist

JOHN S. KIRKENDALL, M. D. Ithaca

REPORT OF THE BOARD OF MANAGERS

To the State Commission in Lunacy:

GENTLEMEN.—In compliance with section 33, subdivision 6, of the Insanity Law, we herewith present to you the annual report of the board of managers of Willard State Hospital for the year ending September 30, 1907.

Twelve regular meetings have been held, a thorough inspection of the buildings being made at each meeting. Individual visits by members of the board have also been made.

The sanitary condition of all buildings is good, as new plumbing has been installed in all old buildings during the past few years. Steel ceilings have been put in many of the buildings, and are a great improvement. Many of the side walls and ceilings of the wards have been painted. A poultry house has been built at Vinelands, which is a great advantage to the hospital as it enables us to have a supply of strictly fresh eggs for convalescent patients. During the year the cold-storage plant has been completed, which is a great addition as it affords us facilities for keeping all perishable food.

“Buttonwood,” a new colony house, has been finished, and accommodates twenty-two working patients. This building is very complete in every way, and we are much pleased with it.

Electric irons have been installed in several of the buildings, which enable much better work to be done and gives employment to several patients, thus relieving the work in the laundry.

The dietary submitted at the January conference at Albany was approved by the Commission and put in use April first. The patients greatly appreciate the extra allowance. The clothing provided seems to meet the needs of the patients.

The southeast veranda at the Hermitage has been enclosed, affording a place for the tuberculous men.

Bath sheets have been furnished, and are now in use by all women patients.

WILLARD STATE HOSPITAL — ANNUAL REPORT

The annual field day was held September twenty-seventh, with a fine exhibit of fruits, grains and vegetables. Booths showing the different industries of the institution called forth much praise from the visitors. A large number of the patients were present, and many took part in the sports of the day.

We feel that the work of the After Care Committee is an important factor of our hospital. Twenty patients have been discharged in care of the committee during the year. Employment has been found for those who needed it, homes were found for others with relatives or friends, but the patients are still in the care of the committee.

The allowance of \$10,000 for a tuberculosis pavilion proved insufficient, as the plans submitted by the State architect and approved by your Commission and our board, make it necessary to ask for an extra appropriation of \$8,000. This proposed building will accommodate thirty-five women patients, and is very much needed.

We also urge for your consideration an ice-making apparatus, to be installed in the cold-storage building, at an estimated cost of \$2,400. Our ice is now supplied from ponds into which the sewage from several nearby houses and barnyards is deposited, resulting in a very impure grade of ice.

We also ask for \$8,500 for engine and dynamo at the electric power house. This will complete the plant, as \$8,000 was allowed for this purpose last year.

The following is a list of items which our board asks that you will allow for the coming year:

For completing and furnishing tuberculosis pavilion..	\$8,000 00
For electric light equipment.....	8,500 00
Ice-making apparatus	2,000 00
Improvements to heating plant.....	3,500 00
New floors for wards in detached cottages.....	1,000 00
New storage and tool house for garden, and extension to fruit house.....	1,250 00
New and improved farming machinery.....	475 00
Cement for walks and gutters, completion of cement floor in Chapin House basement, and extension to culvert	475 00
To raise boot room at the Maples so as to connect with wards on second floor.....	500 00

WILLARD STATE HOSPITAL — ANNUAL REPORT

To raise roof of lumber shed at carpenter shop so as to give additional space for storing seasoned lumber and other building material, also to renew the roof, which is in very bad repair.....	\$935 00
Electric motor, eight to ten horse power, to operate machinery at carpenter shop. This would result in great convenience and the saving of approximately a ton of coal a day.....	300 00
Ambulance	350 00

The hospital, at the present time, has no suitable wagon to be used as an ambulance.

Respectfully submitted,

ABRAM S. STOTHOFF, *President*

FRED J. MANRO, *Secretary*

ANNIE LAURIE STEWART

MARY C. ACKER

E. C. DWELLE

JOSEPH CAMERON

WM. S. MACDONALD

WILLARD STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

I respectfully submit herewith a report of the operations of the Willard State Hospital for the year ending September 30, 1907. The population was as follows:

	Men	Women	Total
Remaining October 1, 1906.....	1134	1156	2290
Admitted during year ending September 30, 1907	183	146	329

On original commitments:

From residences	132	95	227
By transfers from county houses.....	6	3	9
By transfers from other institutions for insane	45	48	93

Total number under treatment

during year	1317	1302	2619
-------------------	------	------	------

Daily average population	1128	1165	2293
Capacity of hospital.....	1147	1175	2322

Discharged during year:

As recovered	37	23	60
As improved	26	22	48
As unimproved	14	10	24
As not insane	1		1
Died	111	70	181

Whole number discharged during

the year	189	125	314
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Remaining October 1, 1907.....	1128	1177	2305
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WILLARD STATE HOSPITAL — ANNUAL REPORT

The daily average number of patients was the highest in the history of the hospital; the highest census occurred August thirtieth, when it reached 2,322. The overcrowding, referred to in last year's report, in the wards of the upper story of Chapin House has been overcome on the men's side by the opening of the new colony at the Lake farm, which contains twenty-two beds. The following is a clinical classification of the 236 patients who came on original commitments from the hospital district. It will be observed that in twenty-eight cases (including Korsakoff's disease) the insanity was of alcoholic origin. This is a percentage of twelve and accords with the statistics of previous years. General paralysis comprised 6 per cent of the admissions, which bears out experience everywhere that this disease is less prevalent in rural districts as compared with large cities. Thirty-four of those included in this table were readmissions, some having previously been discharged recovered, and others as improved.

	Men	Women	Total
Manic depressive	6	13	19
Allied to manic depressive	2	3	5
Dementia praecox	21	13	34
Exhaustion psychosis .....	....	1	1
Acquired neuroaesthesia	1	2	3
Toxic	3	1	4
Diabetes .....	....	1	1
Tubercular .....	....	1	1
Alcoholic	23	2	25
Morphine	5	2	7
Korsakoff	2	1	3
Febrile delirium	1	....	1
Organic brain disease.....	8	3	11
Tumor .....	....	1	1
Involution psychoses	6	15	21
Presenile psychoses	1	2	3
Senile psychoses	13	13	26
Paranoic condition	11	9	20
Neuroses:			
Psychosis due to paralysis agitans....	....	1	1
Hysterical .....	....	4	4
Epileptic	8	3	11
Compulsive insanity	1	2	3

WILLARD STATE HOSPITAL — ANNUAL REPORT

	Men	Women	Total
Imbecility . . . . .	....	1	1
General paralysis	10	4	14
Constitutional inferiority	11	....	11
Traumatic psychosis	1	....	1
Affective melancholia	1	....	1
Terminal dementia	1	....	1
Idiocy	1	....	1
Not insane	1	....	1

DISCHARGES AND DEATHS

The recovery rate, on the basis of original commitments, was 25 per cent; based on the daily average population it was 2.6 per cent. Three of those discharged recovered suffered relapses and were readmitted; eleven were recurrent cases, and had previously been discharged from the hospital, and four had been in other institutions.

Most of the patients discharged are first paroled for a period of thirty days — the legal limit, and experience has shown that in many instances this is too short a time to test the ability of the patient to live away from the hospital. By a ruling of the Lunacy Commission, made about two years ago, the parole may be extended on the joint application of the patient, the relatives and the superintendent, but this is very inconvenient, and, in reality, illegal, as the insanity law definitely states that the period shall not exceed thirty days. It is very desirable that the law be amended so as to extend the limit to at least three months.

The death rate, figured on the daily average census, was 7.88 per cent, which is slightly over that of previous years. This is not due to the prevalence of any unusual amount of disease, but rather to the fact that there is at Willard an accumulation of aged and feeble patients beyond what would be considered normal in the average institution, which has come about as a result of the practice of transferring patients from other institutions. The records show that many of the aged patients now in the hospital came as transfers years ago. Prior to 1890, before the State was districted, most of those admitted were so transferred, and since that time, owing to the fact that the deaths and discharges exceed the number admitted from the hospital district, about one hundred are annually received from New York city, the hospitals

WILLARD STATE HOSPITAL — ANNUAL REPORT

there being unable to accommodate all that are committed to them.

The commitment of senile patients to hospitals for the insane has, for some years, been the subject of much comment on the part of lunacy officials both in this country and abroad, and it seems to be the prevalent opinion that the number of aged patients admitted has steadily increased during the last fifteen or twenty years. It is said that in some districts in England senile insanity has increased from 11 to 20 per cent of the total admitted within the last sixteen years. A study of New York State statistics, however, indicates that the increase in senile cases is not out of proportion to the general increase of insanity.

Of the 181 patients who died, forty-eight were over seventy years of age, and twelve were upwards of eighty. Altogether 103 were above sixty, and forty-one of these were transferred from other institutions.

THE MEDICAL SERVICE

Insanity is frequently accompanied by physical and mental conditions which require continued rest in bed and special medical treatment. An eminent alienist recently said that, "Unsoundness of mind is of the unsoundness of body and not merely in it." Hence the importance of a thorough physical as well as mental examination of all cases upon admission. In addition we are called upon to treat a great many patients, who are old residents in the hospital, taken with intercurrent illness such as might be found in any community of similar size outside. Nurses and employes receive medical care also when needed. It follows that in the course of a year with a total population of something like 2,800, there are a great variety of diseases to treat. Some of these may appear in the form of epidemics.

For the first time in ten years the hospital has been entirely free from diphtheria. Erysipelas, which has also been more or less prevalent for many years, occurred with unusual frequency and severity during the winter months; there were twenty-eight cases, five of which succumbed to the disease. The outbreak was not confined to any particular building, and in all instances the customary precautions were taken to prevent infection. This is the only disease which assumed anything like an epidemic form. Twenty-eight had pneumonia, which is above the average for other years. Three men attendants were taken with typhoid

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fever, one in the month of February, one in August, and one in September. It is believed that this disease was contracted away from the hospital.

At the close of the year there were 115 diagnosed cases of tuberculosis — forty-eight men and sixty-seven women. These patients have been segregated as far as practicable. Most of them are cared for at the infirmary buildings. At each of these buildings a tent was erected in the spring, and we were able to provide in this way outdoor treatment for fifty-seven patients during the summer and autumn. It is usually necessary to strike tents about November first, the climate being such that tent life is only practicable for about six months of the year. It is interesting to observe the marked improvement which takes place in both the physical and mental condition in nearly all of these patients as the result of being moved out of doors. The death rate among them is very much lower in summer than in winter.

One patient — a woman — committed suicide by hanging herself with a piece of binding twine to the door of her room during the night. Another woman died as the result of swallowing some kind of corrosive poison, probably caustic soda, but a very searching investigation on the part of the coroner failed to show how or where she got it. As this patient was much demented and had a habit of drinking anything that might be within reach, it was not thought that she took the poison with suicidal intent. Five cases of sudden death from natural causes, and one from asphyxiation resulting from a piece of meat lodging in the trachea, were referred to the coroner. Six patients of the aged and infirm class sustained fractures of the hip by falling accidentally on the floor or by being pushed over by other patients.

The following is a full list of cases treated in bed during the year:

Abscess of arm	1
Abscess of face	1
Abscess of hip	1
Abscess of heel	1
Abscess, ischio-rectal	2
Adenitis, tubercular	2
Adenitis, ulcerative	1
Anemia, pernicious	1
Appendicitis	1
Amputation of finger	1

WILLARD STATE HOSPITAL — ANNUAL REPORT

Bladder, atony of.....	1
Bursitis.....	1
Burns.....	3
Bronchitis, acute.....	9
Brain, organic disease of.....	10
Carcinoma of breast.....	4
Carcinoma of mesentery.....	1
Carcinoma of uterus.....	1
Cellulitis of face.....	1
Cerebral hemorrhage.....	20
Cerebral tumor.....	1
Contusions of hip.....	1
Contusions of eye.....	1
Contusions of chest.....	1
Contusions of foot.....	1
Cystitis, acute.....	2
Dacryocystitis, acute.....	3
Dermatitis.....	1
Diabetes mellitus.....	2
Diseases of heart and blood vessels.....	67
Dysmenorrhoea.....	1
Dysentery.....	1
Epithelioma.....	1
Epilepsy.....	2
Entero-colitis.....	27
Empyema.....	1
Enlarged prostate.....	1
Endometritis.....	1
Erysipelas.....	28
Furunculosis.....	1
Felon.....	2
Fracture.....	14
Foreign body in oesophagus.....	1
Gastritis, catarrhal.....	1
Gastritis, acute.....	1
Gangrene of foot.....	1
Gastro-enteritis.....	2
Hemiplegia.....	1
Hemiplegia spastic.....	1
Hemorrhage from gums.....	1
Hernia, operation for radical cure.....	2

WILLARD STATE HOSPITAL — ANNUAL REPORT

Hernia, strangulated	2
Hydrocele	1
Hysteria	1
Incised wounds of scalp.....	1
Iridocyclitis	1
Intestinal obstruction	7
Intestinal parasites	1
Inflammation of frontal sinus.....	2
Influenza	16
Iritis	2
Locomotor ataxia	3
Lipoma of scalp.....	1
Manic depression	1
Mastoiditis	2
Morphine habit	2
Melancholia involution	8
Nephritis, acute	1
Nephritis, chronic	26
Otitis media	3
Orchitis	1
Paresis general	33
Papilloma of bladder.....	1
Parturition	1
Pericarditis	1
Pleurisy	3
Pleurisy, with effusion.....	2
Pneumonia, lobar	28
Pneumonia, broncho	2
Pseudo angina	1
Pyorrhoea alveolaris	1
Pyelo nephritis	1
Psychosis, Korsakoff's	3
Rheumatism, articular	6
Rheumatism, subacute	5
Rectum, prolapse of.....	4
Sciatica	1
Scarlatina	1
Sclerosis, amyotrophic lateral.....	1
Sclerosis, multiple	1
Skull, trephining of.....	1
Sprain of ankle.....	1

WILLARD STATE HOSPITAL — ANNUAL REPORT

Stomatitis	2
Stupor, catatonic	2
Synovitis of knee, suppurative	1
Stricture of urethra	1
Tonsilitis, acute	5
Thrombosis of femoral vein	2
Tuberculosis of liver	1
Tuberculosis, pulmonary	111
Typhoid fever	3
Urticaria	1
Ulcers, syphilitic	1
Ulcers, varicose	3
Ulcers of foot	1
Uterine fibroid	2
Varicose veins	1
Varicella	2

Thirty-two surgical operations were performed during the year. Of these twenty-three were performed by the consulting surgeon, Dr. W. W. Skinner, Geneva, N. Y.; one by the ophthalmologist, Dr. J. S. Kirkendall, Ithaca, N. Y.; one by Dr. Thomas S. Cullen of Baltimore, Md., and the others by members of the hospital staff. These operations included two for the relief of strangulated hernia, two for radical cure of hernia, three for intestinal obstruction, three for amputation of breast, one resection of ribs for empyema, four for removal of the uterus, and one for injury to skull.

Dr. John S. Kirkendall, of Ithaca, has continued his bimonthly visits as ophthalmologist, and Dr. Harry Ogden, of Ovid, made similar visits as dentist.

INDUSTRIAL OCCUPATION AND AMUSEMENTS

The proportion of patients employed at some sort of useful work on the wards and in the various industrial departments is rather small, which is due to the relatively large number of the infirm and demented disturbed class. This is explained by the fact that so many of the non-working class have been transferred from other hospitals, especially during the last fifteen years. Willard was established primarily with a view to affording employment to a large proportion of the patients, and the agricultural department especially was laid out on a large scale. A glance at the farm, gar-

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den and horticultural products appended to this report will give some idea of the magnitude of the work to be done in this department. It has been impossible at times to find sufficient labor to do this work properly. Other departments which have experienced some embarrassment in this respect are the sewing rooms and laundry, which call for a large number of women workers. During the last year there were altogether forty-seven per cent of the patients employed, which is comparatively small. It is to be hoped that the authorities will take the necessary steps to insure a larger proportion of the working class when future transfers are made.

The in-door industrial departments accomplished the usual amount of work, as will be seen from the report of the steward. The hospital manufactures its own boots, shoes, brooms, tinware, clothing, mattresses, etc.

The amusements have been of a similar character to those of preceding years. Weekly dances were held as usual, and a concert was given each week by the hospital band and orchestra. A number of baseball games were played during the summer. The annual field day was held September twenty-seventh, when the various events were witnessed by about 1,500 patients and a large number of visitors from the surrounding country. Fourteen entertainments of a dramatic and musical nature were given in Hadley Hall. A party of fifty patients were conveyed to Geneva by the hospital boat June tenth to attend a circus. The library, which has been enlarged by the addition of some sixty volumes, is well patronized and is of great benefit to many. Books are exchanged by the librarian twice each week. Religious services, both Protestant and Catholic, were conducted each Sunday.

TRAINING SCHOOL

It is just twenty years since the Training School was established at this hospital. The course covers a period of two years, during which practical training is given in the observation and care of all classes of patients under treatment. Lectures, demonstrations and recitations on general nursing are conducted by the medical officers and matron. Practical training is given in the preparation and serving of food for the sick. The members of the class have access to a special library containing most of the standard works on nursing and reference books. The pupils are taken from the corps of attendants and are required to pass an entrance examination arranged by the Training School Committee, which is com-

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posed of three hospital superintendents appointed by the State Commission in Lunacy. The following are the names of those who passed the final examination and received the State certificate this year: Blanche A. Price, Dora May Doolittle, Marie L. Wyckoff, Louella C. Busch, Fredericka D. Allen, Emor Pepper, Scott O. Nielsen, Lizzie Rooney, Nellie I. Hovey, Nellie B. Sawyer, Mowry E. Skinkle, Mary O'Connor, Lydia M. Furr, John P. Baker, Samuel W. Silver.

AFTER CARE OF DISCHARGED PATIENTS

It has been recognized for a long time that many persons discharged from hospitals for the insane are in such circumstances as to require assistance and friendly support, and the question of after care has been agitated by certain members of the medical profession and charitable organizations on several occasions during the last ten years. Societies for this purpose have existed in European countries for a long time. It remained for Miss Louise L. Schuyler of New York city, as the representative of the State Charities Aid Association, to take the first step in this country in the organizing of after-care committees for each of the New York State hospitals. The matter was very fully discussed at a conference of superintendents and managers, with the State Commission in Lunacy, held at Albany in January, 1906. On that occasion the hospital representatives pledged themselves to co-operate with the State Charities Aid Association in the establishment and maintenance of a system of after care for the insane in this State. The Willard After Care Committee was organized the following May. It is composed of eleven members, three of whom are members of the hospital Board of Managers, and the superintendent is a member ex officio. The hospital district embraces nine counties in the west central part of New York. Auburn, a city of thirty-two thousand, is the largest city, and Geneva, Ithaca, Corning and Hornell come next, with from twelve to fourteen thousand each. The total population of the nine counties is something like 385,600, and the annual admissions to Willard average about 225. The residences of the members of the committee are so situated as to cover the district with the least inconvenience to themselves, and in or near the large centers. When a patient is paroled or discharged who is considered in need of special after attention on the part of the committee, a description of the case and such other information as may be of value is submitted to the secretary, who

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in turn notifies the member residing nearest the patient's home. The committee meets at the hospital semi-annually. Thus far sixteen women and twelve men have been referred to the secretary; the total number discharged from the hospital during the same period being 209. Three of the cases — two women and one man — had no home or friends, and situations were provided for them; these are doing well at the present time. The others had relatives and homes, but the circumstances and surroundings were such that we believed advice and moral support on the part of a member of the committee would prove beneficial; four of these, however, an alcoholic, a manic case and two cases of involution melancholia, were returned to the hospital within the year. It is our practice at the hospital to have all patients whose discharge is contemplated, presented at a staff meeting (of the resident medical officers) where they are questioned about their family relations, circumstances and plans for the future in the event of their leaving the hospital. Advantage is taken of the legal provision whereby an allowance of money not to exceed twenty-five dollars may be made in such cases as require it.

ORGANIZATION OF THE HOSPITAL

The law establishing Willard was passed in 1865, and the main building was opened for the reception of patients in 1869. The hospital is situated on the east shore of Lake Seneca, seventeen miles to the south of the city of Geneva. It now consists of seven groups of buildings for patients and three farm colonies, which are scattered over a large area. The land is well timbered and intersected by ravines, and the various buildings are so situated as to be more or less hidden from each other, which does away to a very large extent with that "institutional air" so evident in large hospitals where the buildings are near each other. The main building accommodates 648 patients, the sexes being about equally divided. Four of the detached groups are identical in structure and arrangement, and each consists of four cottages with central dining rooms, kitchen and heating plant. Each of these groups accommodates 280 patients, two being for men and two for women. There is also an infirmary for men with a capacity of 190, and an infirmary for women with a capacity of 280. The three farm colonies are frame structures and accommodate about twenty-five patients each. There is no central heating plant, and each group is a unit with regard to heating and cooking. There is a central

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electric light plant which operates something like three thousand electric lights and furnishes power during the day for a number of electric motors used in the mechanical and industrial departments. The infirmary building for women, known as Grandview, is situated a mile back from the shore and is three hundred feet above the surface of the lake. The main objection which can be raised to the lack of centralization is with respect to heating and cooking, which entails greater cost of maintenance occasioned by the necessity for employing so many persons to operate the several boiler houses and kitchens. On the other hand classification is facilitated, and it is more convenient for working patients.

IMPROVEMENTS

The new cold-storage plant was completed and put into use in November and has given good service. The meat room has a capacity for sixty carcasses, and there are storage rooms for the usual supplies of eggs, butter and cheese; there is also a room for the storage of fruit.

A new poultry plant was commenced early in the year at Vine-lands by the construction of a building which houses 150 hens, and this will soon be enlarged to take care of as many more.

The Button House, purchased about eighteen months ago, has been remodeled and enlarged for the accommodation of twenty-two patients. This colony is beautifully situated on a bluff near the lake shore, and commands a splendid view. The water supply is from a spring on the Lake farm, which is sufficiently elevated to produce pressure by gravity to all parts of the house. Its proximity to the Lake farm makes it a convenient abode for the patients employed there.

The south veranda at the Hermitage has been enclosed with glass and provided with heating apparatus to accommodate men patients suffering from tuberculosis who are cared for in a tent during the summer and autumn.

New cooking tanks have been installed at the piggery and abattoir.

Appropriations were made for improvements to the electric light plant, barn at Hillside, and dining rooms at Pines and Edgemere, and arrangements have been made to carry out this work.

Many repairs and improvements of a minor character were made in various parts of the institution. Steel ceiling has been placed in a number of dormitories where the plaster had fallen. Electric

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irons have been installed in a number of wards occupied by women, and this has supplemented the work of the laundry to such an extent that the clothing of the women patients presents a much neater appearance; many of the patients take delight in ironing their own wearing apparel. The wards and dormitories at Grandview and the south wing of Chapin House have been painted.

GARDEN, FARM AND HORTICULTURAL DEPARTMENT

All fresh vegetables required by the hospital are produced on the premises with the exception of potatoes, the latter crop being as a rule only sufficient to last about three or four months. The soil in this region is not adapted to the growing of potatoes and better results can be obtained with grain and hay. The season this year was unfavorable for vegetables, and the yield would have been very short but for the artificial irrigation with which the garden is provided. Notwithstanding the severe and protracted drought of the past season the yield of grain was up to the average. The hay crop was rather lighter than usual. Practically no hay has been purchased for several years, and there is maintained by the institution 250 head of cattle and over fifty horses. The use of ensilage, of course, reduces the consumption of hay on the part of the cattle. Ensilage corn suffered more from the drought this year than other crops, and the supply for the coming season is smaller than usual. Alfalfa is a crop which does well and from three to four cuttings are obtained each year. It withstands drought better than most crops. Mangel-wurzels, grown for the milch cows, have done fairly well.

The horticultural department includes strawberries, raspberries, blackberries, cherries, plums, pears, peaches, apples and grapes. There were no peaches this year as the result of the excessively cold weather during the early part of the summer. The apple crop is very light and the apples are small and of poor quality. The grape crop is exceptionally good, and the patients will have the benefit of something like twenty-five tons. It takes about 1,500 pounds for one serving.

With the present equipment for canning and evaporating, the hospital is prepared to take care of any excess of fresh fruits and some vegetables, such as tomatoes and sweet corn.

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A quantity of berries, apples, pears, plums, peaches and tomatoes is canned each year and the evaporator is used for drying sweet corn, Lima beans and apples. It should also be mentioned that the vinegar used in the hospital is now made on the premises from apples which would be of no use for any other purpose. There is an apple grinder and cider press, and a number of vats have been provided for the manufacture and storage of vinegar. Further purchases of this article will not be necessary. It is suggested by the steward that with a suitable equipment of copper pans, etc., apple jelly could be made from the parings of apples that are evaporated and canned.

The entire milk supply has been provided by the Holstein herd, and shows a total of 524,748 quarts for the year, or an average, on the basis of one hundred and sixty cows, of 3,279 quarts per cow. At the price allowed per quart by the farm accounting the total value of the milk supply is \$17,054; at the present price charged for milk in cities (eight cents) this amount would be more than doubled. Six thoroughbred registered Holstein heifers were purchased last spring, which will serve as the nucleus for a thoroughbred herd.

COST OF MAINTENANCE

The per capita cost of maintenance for the year was \$179.46, which is over three dollars more than the previous year. This is due almost entirely to the increased cost of supplies. A statement of receipts and expenditures is appended to this report.

FURTHER NEEDS OF THE HOSPITAL

The capacity of the hospital being in excess of the actual needs of the district no additions are contemplated with the exception of a pavilion for women patients suffering from tuberculosis. The original plan of a large pavilion to take care of all the tuberculous patients has been abandoned, and the isolation of men afflicted by this disease has been made possible by enclosing a large veranda at the men's infirmary. No such arrangement can be made for women, however, and it was decided to construct a pavilion near the women's infirmary to accommodate thirty-five patients, using for the purpose the appropriation of \$10,000 made in 1905. Plans and specifications were prepared by the State architect, but the bids received for the work were all much in

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excess of the appropriation. A further sum of \$8,000 is needed to construct and equip such a building.

The electric-light plant has been in use about twenty years, the engines and generators are of an old type, much worn, and inadequate to meet the present needs. An appropriation of \$8,000 was made by the Legislature last spring to replace half of the machinery, and the specifications for this are being prepared by the State architect. Another appropriation of \$8,500 is needed to fully equip this department.

When the cold-storage building was planned it was intended to install ice-making apparatus with a capacity for making five tons per day, but it was found that the funds were insufficient. Natural ice is obtained from a pond at the eastern extremity of the hospital property; this pond is fed by a stream which has its origin at a spring three miles distant. The stream runs through the village of Ovid and is more or less contaminated by drainage and surface water. Occasionally the pond is dry until late in the autumn and does not fill until about the time freezing weather sets in. At such times the water is muddy and the ice is consequently very impure; its use in drinking water is a constant source of danger. An ice-making apparatus with purifying and receiving tanks to make distilled-water ice can be installed for \$2,000. The condensed steam from the ammonia generator can be utilized for making distilled water, which makes clearer ice and is more desirable than raw water.

The boiler room of the main building is not equipped for pumping the returns into the boilers. All of the condensation from the high-pressure heating system supplying the steam for cooking, hot water, etc., is discharged to the sewer at nearly boiling point and cold water fed to the boilers in its place, which entails considerable loss of fuel. A return tank should be installed in the basement to receive the returns, and the system so arranged that they can be pumped into the boilers. This would cost approximately \$1,000. The boiler plant at the Pines consists of two return tubular boilers which furnish steam to the hot water and cooking apparatus, laundry and refrigerating plant. There are also two low-pressure boilers used exclusively for heating purposes. The demand for steam at high pressure is such that it is necessary to keep the two high-pressure boilers in continual operation, and they cannot be shut down for regular inspection, cleaning or repairs. It should be mentioned that the refrigerating

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apparatus has been added to this steam plant within the last year. A new 100 horse-power boiler should be installed, the cost of which would be about \$2,500.

The floors in some of the wards and corridors of the detached buildings are badly worn, having been in use about thirty-six years. The sum of \$1,000 is asked to renew some of these floors.

The following is a list of the items for which appropriations are needed during the coming year:

For completing and furnishing tuberculosis pavilion,	\$8,000 00
For electric-light equipment	8,500 00
Ice-making apparatus	2,000 00
Improvements to heating plant.....	3,500 00
New floors for wards in detached cottages.....	1,000 00
New storage and tool house for garden, and extension to fruit house	1,250 00
New and improved farming machinery.....	475 00
Cement for walks and gutters, completion of cement floor in Chapin House basement, and extension to culvert	475 00
To raise boot room at the Maples so as to connect with wards on second floor of building.....	500 00
To raise roof of lumber shed at carpenter shop so as to give additional space for storing seasoned lumber and other building material; also to renew the roof, which is in very bad repair.....	935 00
Electric motor, eight to ten horse power, to operate ma- chinery at carpenter shop. This would result in great convenience and the saving of approximately a ton of coal a day.....	300 00
Ambulance (the hospital at the present time has no suitable wagon to be used as an ambulance).....	350 00

MEDICAL MEETINGS

The usual staff meetings were held twice each week for the consideration of recently admitted patients and those for discharge or parole. In addition there was a meeting of the Journal Club once a week for the reading of medical literature.

The Seneca County Medical Society held its semi-annual meeting at the hospital in October. The members of the Hornell

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Medical and Surgical Association were entertained at the hospital in September. At each of these gatherings a clinic was held and there was a general inspection of the buildings and grounds. It is the wish of the management that the physicians practicing in the district be afforded every facility for the study of mental diseases and their treatment.

CHANGES IN STAFF

Dr. William B. Burlingham, medical interne, left November first to enter private practice. Dr. A. H. Wright began duty as medical interne November sixteenth. Dr. R. G. Hill began duty as medical interne, December third; he left April twenty-seventh, to take position as assistant surgeon at the Soldiers' Home, Bath, N. Y. Dr. Wm. A. Smith began duty as clinical assistant June twenty-seventh. Dr. James E. Maloney began duty as medical interne July fifth. Dr. J. Albert Pritchard, junior assistant physician, was transferred to Kings Park State Hospital as assistant physician, August twenty-seventh.

CHANGES AMONG EMPLOYEES

During the year 141 resigned, eight were transferred to other hospitals, sixteen were removed and four died, making a total of 169 who left the service of the hospital. One hundred and seventy-three were appointed and one transferred from another institution. Those who died were as follows: Ella Rooney, November eleventh; John R. Steele, March twenty-eighth; Jane Kelly, May twenty-first; Mark Andrus, August ninth.

OFFICIAL AND OTHER VISITORS.

The members of the Willard After-Care Committee met at the hospital October fifth and May third. The Seneca County Medical Society met at Willard October eleventh. Commissioners Pilgrim, Viele and Parkhurst, Dr. Wm. L. Russell, medical inspector, and T. E. McGarr, Secretary of the State Commission in Lunacy, together with Managers Stothoff, Acker, Stewart, Cameron and Manro, visited October sixteenth and seventeenth. Dr. Arthur H. Beebe, of Peoria, Illinois State Hospital, visited October seventeenth and eighteenth. Dr. John B. Chapin, October eighteenth. Messrs. Osborne, Houghton and Olcott, and Mrs. Valois of the State Charities Aid Association, November third.

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Dr. F. R. Haviland, of the Manhattan State Hospital, New York city, November twenty-first and twenty-second. Miss Alline, inspector of training schools for nurses in New York State, January twenty-third. Dr. Wm. L. Russell, medical inspector, February sixteenth to twenty-first. Dr. Thomas Cullen, of Baltimore, Md., April twenty-sixth. Dr. D. H. Arthur, superintendent Gowanda State Homeopathic Hospital, June nineteenth. Commissioners Viele and Parkhurst, Dr. Wm. L. Russell, medical inspector, and T. E. McGarr, Secretary, June thirtieth and July first. Drs. C. Floyd Haviland and Arthur M. Phillips, of the Manhattan State Hospital, July thirtieth. Dr. Charles G. Wagner, superintendent, Binghamton State Hospital, July thirty-first. Col. George D. Sanford, August eighth to eleventh. Dr. Wm. T. Shanahan, Craig Colony, August twelfth to fifteenth. Dr. D. S. Spellman, Manhattan State Hospital, August fifteenth and sixteenth. Hornell Medical and Surgical Association, September tenth.

Respectfully,

ROBERT M. ELLIOTT

Superintendent

November 5, 1907

ACKNOWLEDGMENTS

Contributions of magazines and other reading material were received from the following, to whom we wish to extend thanks:

Mrs. E. C. Stewart, Ithaca, N. Y.; F. L. Kendig, Waterloo, N. Y.; Yates County Chronicle, Penn Yan, N. Y.; Mrs. Jane Haring, Watkins, N. Y.; Mrs. Mary C. Acker, Hornell, N. Y.; Mrs. Clara E. Field, Hector, N. Y.; Hospital Book and Newspaper Society, New York city, N. Y.; Mrs. Francis P. Nash, Geneva, N. Y.; Mrs. Norman Brown, Burdett, N. Y.; Peerless Printing and Paper Co., Penn Yan, N. Y.; J. N. Robertson, M. D., Wolcott, N. Y.; Mrs. J. D. Seeley, Kendaia, N. Y.; Mr. A. S. Stothoff, Watkins, N. Y.; Mrs. C. E. Garnett, Ovid, N. Y.; Mr. M. A. Guthrie, Watkins, N. Y.; Allegany News, Attica; Allegany County Democrat, Wellsville; Auburn Weekly Advertiser, Auburn; Auburn Weekly Bulletin, Auburn; Auburn Democrat and Argus, Auburn; American Baptist Flag, St. Louis, Mo.; Albion Free Lance, Albion; Addison Advertiser, Addison;

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Addison Record, Addison; Batavian, Batavia; Batavia Daily News, Batavia; Brooklyn Eagle, Brooklyn; Cohocton Times, Cohocton; Cayuga Chief, Weedsport; Castilian, Castile; Christian Uplook, Buffalo; Caledonia Advertiser, Caledonia; Catholic Journal, Rochester; Cayuga County Independent, Auburn; Cuba Patriot, Cuba; Clyde Times, Clyde; Deaf-Mute Journal, New York city; Dansville Advertiser, Dansville; Democratic Herald, Clyde; Dryden Herald, Dryden; Defender, New York; Interlaken Review, Interlaken; Geneva Advertiser, Geneva; Geneva Gazette, Geneva; Geneva Courier, Geneva; Groton and Lansing Journal, Groton; Holley Standard, Holley; Hammondsport Herald, Hammondsport; Hornell Times, Hornell; Hornell Weekly Tribune, Hornell; Ithaca Chronicle, Ithaca; Ithaca Daily News, Ithaca; Ithaca Democrat, Ithaca; Livingston Republican, Geneseo; Lake Shore News, Wolcott; LeRoy Gazette, LeRoy; Livonia Gazette, Livonia; Modern Women, Boston, Mass.; Montour Falls Free Press, Montour Falls; Mt. Morris Enterprise, Mt. Morris; Naples Record, Naples; Orleans American, Albion; Oakfield Reporter, Oakfield; Ovid Gazette and Independent, Ovid; Ontario County Times, Canandaigua; Ontario County Journal, Canandaigua; Prattsburg News, Prattsburg; Perry Herald, Perry; Penn Yan Express, Penn Yan; Penn Yan Democrat, Penn Yan; Seneca County Courier, Seneca Falls; Seneca County Journal, Seneca Falls; Seneca County News, Waterloo; Seneca Falls Reveille, Seneca Falls; Southern Steuben Republican, Woodhull; Spirit of the Times, Batavia; Steuben Courier, Bath; Steuben Farmer's Advocate, Bath; Union Springs Advertiser, Union Springs; Victor Herald, Victor; Waterloo Observer, Waterloo; Watkins Democrat, Watkins; Watkins Express, Watkins; Watkins Review, Watkins; Union and Advertiser, Wayland; Yates County Chronicle, Penn Yan; New York Herald, New York city.

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FINANCIAL STATEMENT

OCTOBER 1, 1906, TO SEPTEMBER 30, 1907

Receipts

Balance October 1, 1906:

Salaries	\$61 12
Wages	382 62
Supplies	11,788 86
Received from Comptroller for salaries	21,417 84
Received from Comptroller for wages	170,395 89
Received from Comptroller for supplies	207,430 71
Received from reimbursing patients	21,231 81
Received from private patients	319 84
Received from steward's sales	2,383 03
Received from uniform material sales	1,306 96
Received from refunds, supplies account	55
Received from Comptroller—special fund	20,007 42
Total receipts	<u>\$456,726 65</u>

Disbursements

For salaries	\$21,478 96
For wages	170,778 51
For provisions and stores	\$117,382 79
For ordinary repairs	7,727 38
For farm and grounds	10,137 17
For clothing	17,527 48
For furniture and bedding	12,969 63
For books and stationery	2,308 56
For fuel and light	34,695 80
For medical supplies	2,243 51
For miscellaneous expenses	11,554 36
For transportation of patients	2,709 14
	<u>219,255 82</u>
For uniform material	1,271 26
For extraordinary improvements, chapter 702, '05, ...	10,836 19

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For extraordinary improvements, chapter 686, '06,	\$5,223 79
For extraordinary improvements, chapter 564, '07,	3,602 05
For extraordinary improvements, chapter 578, '07,	345 39
Remitted State Treasurer, chapter 580, Laws 1899,	23,934 68
Total disbursements	\$456,726 65
Balance September 30, 1907.....	00

FARM PRODUCTS

Apples, canning, 304 bushels, at 40 cents.....	\$121 60
Apples, evaporating, 407 bushels, at 40 cents.....	162 80
Apples, 1,169½ bushels, at 50 cents.....	584 75
Apples, cider, 1,608 bushels, at 25 cents.....	402 00
Barley, 240 bushels, at 45 cents.....	108 00
Beef, 8,119 pounds, at .065 cents.....	527 74
Corn for silage, 732 tons, at \$3.50.....	2,562 00
Corn, sweet, 20,540 ears, at 75 cents per hundred..	154 05
Chickens, 759 pounds, at 15 cents.....	113 85
Calves, 67	132 50
Corn, pop, 5 bushels, at \$1.00.....	5 00
Ducks, 553 pounds, at 15 cents.....	82 95
Geese, 132 pounds, at 15 cents.....	19 80
Eggs, 689¼ dozen, at 20 cents.....	137 85
Hay, mixed, 218½ tons, at \$9.00.....	1,966 50
Hay, good, 233¾ tons, at \$12.00.....	2,805 00
Hay, alfalfa, 21 tons, at \$5.00.....	105 00
Hides, cow, 1,135 pounds.....	103 40
Hides, bull, 130 pounds, at 8 cents.....	10 40
Hides, hog, 11, at 65 cents.....	7 15
Hides, horse, 2.....	8 50
Lamb, 307 pounds, at 10 cents.....	30 70
Lamb pelts, 20, at \$1.00.....	20 00
Mutton, 630 pounds, at 7 cents.....	44 10
Mangle wurzels, 9,456 pounds, at 20 cents.....	1,891 20
Milk, 524,748 quarts, at .0325 cents.....	17,054 31
Oats, 3,367 bushels, at 36 cents.....	1,212 12
Plums, 130¼ bushels, at 75 cents.....	97 69
Pears, 62½ bushels, at \$1.00.....	62 50
Peas, 298 bushels, at 75 cents.....	223 50
Potatoes, 4,736 2-5 bushels, at 50 cents.....	2,368 20

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Potatoes (for yeast), 483 bushels, at 30 cents.....	\$144 90
Peaches, 37½ bushels, at \$1.50.....	56 25
Pigs, sold, 166.....	479 00
Pork, 36,177 pounds, at .075 cents.....	2,713 27
Rent (keep of cows), 32 months, at \$1.50.....	48 00
Rye, 232 bushels, at 55 cents.....	127 60
Straw for feed, 18 tons, at \$6.00.....	108 00
Straw, rye, for bedding, 23 tons, at \$13.50.....	310 50
Turkey, 235 pounds, at 15 cents.....	35 25
Teaming, 246 days.....	554 25
Turkeys and geese sold, 30 pounds, at 15 cents....	4 50
Wheat, for seed, 250 28-60 bushels, at 80 cents....	200 37
Wool, 240 pounds, at 28 cents.....	67 20
Wheat, 1,385 49-60 bushels, at 80 cents.....	1,108 66
Wood, cord, 118 cords, at \$3.00.....	354 00
Wood sold, 50 loads.....	49 75

GARDEN PRODUCTS

Asparagus, 9,850 bunches, at 7 cents.....	689 50
Beans, lima, 356 bushels, at 75 cents.....	267 00
Beans, string, 50 bushels, at 50 cents.....	25 00
Beets, table, 1,163 bushels, at 30 cents.....	348 90
Blackberries, 2,126 quarts, at 7 cents.....	148 82
Carrots, 157 bushels, at 30 cents.....	47 10
Cucumbers, 43 bushels, at 50 cents.....	21 50
Cress, water, 10 quarts, at 2 cents.....	20
Cauliflower, 2,925 heads, at 6 cents.....	175 50
Cabbage, 82,580 pounds, at 50 cents per cwt.....	412 90
Celery, 7,050 heads, at 3 cents.....	211 50
Cherries, 578 quarts, at 6 cents.....	34 68
Currants, 1,385 quarts, at 6 cents.....	83 10
Grapes, sold, 30 pounds, at 2 cents.....	60
Grapes, 73,125 pounds, at .025 cents.....	1,828 12
Kohl Rabi, 302 bushels, at 35 cents.....	105 70
Lettuce, 504 bushels, at 40 cents.....	201 60
Onions, 786 bushels, at 60 cents.....	471 60
Onions, green, 17,179 bunches, at 2 cents	343 58
Parsnips, 610 bushels, at 40 cents.....	244 00
Parsley, 225 bunches, at 3 cents.....	6 75
Pickles, 1,500, at 75 cents per hundred.....	11 25
Rhubarb, 8,500 bunches, at 5 cents.....	425 00

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Radishes, 305 bushels, at 75 cents.....	\$228 75
Raspberries, black, 3,900 quarts, at 6 cents.....	234 00
Raspberries, red, 4,221 quarts, at 8 cents.....	337 68
Swiss chard, 414 bushels, at 20 cents.....	82 80
Spinach, 95 bushels, at 25 cents.....	23 75
Strawberries, 5,130 quarts, at 8 cents.....	410 40
Salsify, 95 bushels, at 50 cents.....	47 50
Strawberry plants, sold 50.....	50
Squash, winter, 26,090 pounds, at \$1 per cwt.....	260 90
Turnips, 954 bushels, at 25 cents.....	238 50
Tomatoes, ripe, 726 bushels, at 40 cents.....	290 40
Tomatoes, green, 200 bushels, at 25 cents.....	50 00
Radishes, 50 bunches, at 4 cents.....	2 00

PURCHASED FOR FARM

Bran, used at main stables, 1,000 pounds, at 1 cent,	10 00
Oats, used at main stables, 833 bushels.....	372 32
Straw, used at main stables, 20½ tons, at \$2.50....	51 25
	\$48,231 31

DEBITS

Expenses chargeable to farm.....	\$10,687 95
Plus inventory decrease	3,404 57
	\$14,092 52
Farm wages and board.....	10,106 84
Farm products used on farm as feed, etc.....	11,154 07
Net profit to balance	12,877 88
	\$48,231 31

The above balance is as accurate as can be ascertained; the value of farm products being based upon the price furnished by the commission.

FARM STOCK ON HAND

Horses	43
Colts	10
Mules	2
Oxen	2
Cows	165

WILLARD STATE HOSPITAL — ANNUAL REPORT

Heifers, 2-year-old	1
Heifers, 1-year-old	20
Heifer calves	37
Bulls	4
Boars	4
Breeding sows	49
Shoats	37
Pigs	319
Sheep	25
Lambs	15
Turkeys	8
Geese	83
Ducks	202
Fowls and chickens	500

DISTRIBUTION OF CROPS AT WILLARD STATE
HOSPITAL FARM

1906	Acres	1907	Acres
Wheat	40	Wheat	66
Rye	12	Rye	5
Oats	80	Oats	72
Corn, sweet	10	Corn, sweet	12
Corn for silage	93	Corn for silage	93
Peas	5	Peas	3
Mangel-wurzels	12	Mangel-wurzels	12
Barley	14	Barley	17
Alfalfa	16	Alfalfa	14
Meadow	156	Meadow	176
Pasture and summer fallow	186	Pasture and summer fallow	153
Orchard, old	30	Orchard, old	30
Orchard, young	34	Orchard, young	34
Vineyard	38	Vineyard	38
Garden	50	Garden	50
Potatoes	41	Potatoes	42
Berries	30	Berries	30
	847		847
Less Johnson's field, rented	40	Less Johnson's field, rented	40
Total	807	Total	807

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 1

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	1,134	1,156	2,290
Admitted during year ending September 30, 1907.....	183	146	329
On original commitments:			
From residences.....	132	95	227
By transfers from county houses.....	6	3	9
By transfers from other institutions for insane	45	48	93
Total number under treatment during year	1,317	1,302	2,619
Daily average population.....	1,128	1,165	2,293
Capacity of institution.....	1,147	1,175	2,322
Discharged during year:			
As recovered.....	37	23	60
As improved.....	26	22	48
As unimproved.....	14	10	24
As not insane.....	1	.....	1
Died.....	111	70	181
Whole number discharged during year.....	189	125	314
Remaining October 1, 1907.....	1,128	1,177	2,305

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening.....	1869
Total acreage of grounds and buildings.....	1,205
Value of real estate, including buildings.....	\$1,458,302 71
Value of personal property.....	212,300 00
Acreage under cultivation.....	847

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$12,232 60
From State treasury for maintenance on estimates, 1 to 12 inclusive.....	399,244 44
From private patients.....	319 84
From reimbursing patients.....	21,231 81
From all other sources.....	2,383 58

Total receipts for maintenance.....	\$435,412 27
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Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$20,007 42
--	-------------

Total receipts from uniform material.....	\$1,306 96
---	------------

Disbursements during year for maintenance:

Estimate No. 1.	For officers' salaries.....	\$21,478 96
Estimate No. 2.	For wages	170,778 51
Estimate No. 3.	For provisions and stores....	117,382 79
Estimate No. 4.	For ordinary repairs.....	7,727 38
Estimate No. 5.	For farm and grounds.....	10,137 17
Estimate No. 6.	For clothing of patients.....	17,527 48
Estimate No. 7.	For furniture and bedding..	12,969 63
Estimate No. 8.	For books and stationery....	2,308 56
Estimate No. 9.	For fuel and light.....	34,695 80
Estimate No. 10.	For medical supplies.....	2,243 51
Estimate No. 11.	For miscellaneous expenses..	11,554 36
Estimate No. 12.	For transportation	2,709 14

Total disbursements, estimates 1 to 12, inclusive	\$411,513 29
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WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Continued)

Total disbursements during year for extraordinary improvements under appointments by State Commission in Lunacy.....	\$20,007 42	
Total disbursements during year, uniform material	\$1,271 26	
Balance October 1, 1907.....		
General maintenance fund, remitted to State Treasurer	\$23,934 68	
Manufacturing fund		
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3.442	
Maximum rate of wages paid nurses:		
	Day.	Night.
Men	\$41.25	\$42.25
Women	35.00	36.00
Minimum rate of wages paid attendants:		
Men	\$22.00	\$23.00
Women	16.00	17.00
Proportion of day attendants to average daily population	1 to 10.76	
Proportion of night attendants to average daily population	1 to 53.32	
Percentage of daily patient population engaged in some kind of useful occupation.....	47.10	
Estimated value of farm and garden products during year	\$47,797 74	
Estimated value of articles made or manufactured by patients during the year.....	\$26,534 47	

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions such as loss of friends, business troubles, etc.....		10	10		1	1	1
Mental strain, worry and overwork (not included in above) .	1	4	5	1	2	3	1
Love affairs (including seduction).....		2	2		2	2	
Physical:							
Intemperance.....	42	7	49	8		8	25
Sexual excess.....	1		1	1		1	
Venereal diseases.....	10	5	15	1	1	2	1
Masturbation.....	1		1	1		1	
Sunstroke.....	4		4	1		1	
Accident or injury.....	5	1	6	1		1	2
Pregnancy.....		5	5		3	3	
Change of life.....		18	18		4	4	1
Privation and overwork.....	1	3	4				
Epilepsy.....	9	3	12	2	2	4	3
Diseases of skull and brain.....	4	3	7	1	1	2	3
Old age.....	18	10	28	7	2	9	4
Epidemic influenza.....		1	1				
Abuse of drugs.....	4	3	7	1	2	3	1
All other bodily disorders and ill health	5	12	17	3	4	7	1
Hereditary.....	10	18	28	10	18	28	
Congenital defect.....	10	3	13	4	1	5	1
Unascertained.....	57	38	95	12	5	17	64
Not insane.....	1		1				
Total.....	183	146	329	54	48	102	108

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	36	8	1	73	31	3
General paralysis	18	.....	17	52	.....	42
Senile insanity.....	40	.....	33	98	.....	112
Epilepsy with insanity..	12	.....	15	55	.....	35
Imbecility, idiocy with insanity.....	12	.....	3	25	.....	14
Other psychoses.....	210	52	112	864	175	289
*Not insane.....	1	.....	.....	3	.....	.....
Total.....	329	60	181	1,170	206	495

*Includes cases of alcoholism, drug habit, etc.

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	8	3	11	.....	.....	.....	182	131	313
One to three months.....	10	7	17	4	3	7	122	129	251
Three to six months.....	3	6	9	19	10	29	76	88	164
Six to nine months.....	4	2	6	7	4	11	29	33	62
Nine months to one year.....	1	.....	1	3	3	6	14	16	30
One year to eighteen months.....	2	2	4	2	.....	2	25	17	42
Eighteen months to two years.....	2	.....	2	.....	.....	.....	16	13	29
Two to three years.....	2	1	3	1	1	2	17	16	33
Three to four years.....	.....	.....	.....	.....	.....	.....	6	3	9
Four to five years.....	.....	.....	.....	.....	.....	.....	.....	5	5
Five to ten years.....	1	1	2	.....	.....	.....	6	7	13
Ten to twenty years.....	1	1	2	.....	2	2	3	4	7
Over twenty years.....	.....	.....	.....	1	.....	1	.....	.....	.....
Unascertained.....	3	.....	3	.....	.....	.....	49	10	59
Total.....	37	23	60	37	23	60	545	472	1,017
Total.....	37	23	60	37	23	60	545	472	1,017

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				3	6	9
Measles.....				2		2
Influenza.....				1	5	6
Diphtheria.....					2	2
Erysipelas.....	4	1	5	17	15	32
Septicemia and pyemia..	2	2	4	13	13	26
Dysentery.....				9	12	21
Tuberculosis.....	34	12	46	287	318	605
Constitutional diseases:						
Rheumatism (or rheu- matic affections).....					1	1
Diabetes mellitus and dia- betes insipidus.....				2	2	4
Scurvy, purpura and hæmophilia.....					2	2
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils, and œsophagus.....				4		4
Diseases of the stomach..		1	1	4	5	9
Diseases of the intestines..	4	8	12	62	97	159
Diseases of the liver.....	1		1	6	5	11
Diseases of the perito- neum.....	1	1	2	17	17	34
Diseases of the respiratory system:						
Diseases of the bronchi..				5	1	6
Diseases of the lungs....	6	10	16	213	231	444
Diseases of the pleura...				2	5	7
Diseases of the circulatory system:						
Diseases of the pericar- dium.....				4	3	7
Diseases of the heart....	25	7	32	215	179	394

WILLARD STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1908		
	Men	Women	Total	Men	Women	Total
Diseases of the circulatory system— <i>Continued</i> :						
Arterio-sclerosis.....				7	1	8
Aneurism.....				3	1	4
Thrombosis of femoral veins.....		1	1		1	1
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....				3	5	8
Exophthalmic goitre.....					1	1
Diseases of the genito-urinary system.....	10	13	23	129	95	224
Diseases of the nervous system:						
Diseases of the spinal cord.....				5	1	6
Diseases of the meninges.....				8	10	18
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	9	10	19	110	128	238
Epilepsy.....	1		1	58	41	99
Mental diseases:						
Exhaustion of acute mental disease.....				69	71	140
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	13		13	167	36	203
The intoxications; heat-stroke; obesity:						
Heat-stroke.....					1	1
Debility of old age.....				26	43	69
Accident.....	1		1	14	3	17
Suicide.....		1	1	6	5	11

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1908		
	Men	Women	Total	Men	Women	Total
Surgical and gynecological diseases and diseases of the skin.....		1	1	8	6	14
Malignant new growths or cancer.....		2	2	21	52	73
Total.....	111	70	181	1,500	1,420	2,920

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	13	10	23	239	258	497
Maternal branch.....	15	16	31	313	368	681
Paternal and maternal branches.....	4	4	8	37	85	122
Collateral branches.....	22	18	40	398	395	793
No hereditary tendency....	64	55	119	1,250	1,055	2,305
Unascertained.....	65	43	108	1,224	1,155	2,379
Total.....	183	146	329	3,461	3,316	6,777

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPT. 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	96	57	153	1,734	1,209	2,943
Married.....	73	61	134	1,290	1,448	2,738
Widowed.....	13	27	40	337	590	927
Divorced.....		1	1	40	31	71
Unascertained.....	1	.....	1	60	38	98
Total.....	183	146	329	3,461	3,316	6,777

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPT. 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	4	2	6	64	22	86
Academic.....	12	18	30	196	238	434
Common school.....	110	75	185	2,172	1,940	4,112
Read and write.....	12	7	19	129	89	218
Read only.....				117	181	298
No education.....	19	8	27	226	204	430
Unascertained.....	26	36	62	557	642	1,199
Total.....	183	146	329	3,461	3,316	6,777

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	9	.....	9	10	5	15	95	66	161
One to three months.....	2	.....	2	8	4	12	95	78	173
Three to six months.....	5	3	8	5	10	15	87	57	144
Six to nine months.....	1	4	5	6	1	7	84	56	140
Nine months to one year.....	2	.....	2	2	1	3	45	33	78
One year to eighteen months..	11	6	17	6	4	10	103	68	171
Eighteen months to two years..	1	3	4	9	5	14	38	35	73
Two to three years.....	7	7	14	4	4	8	140	108	248
Three to four years.....	4	5	9	4	1	5	96	99	195
Four to six years.....	12	5	17	6	1	7	121	119	240
Six to ten years.....	15	6	21	13	10	23	108	139	247
Ten to twenty years.....	9	13	22	20	15	35	126	172	298
Twenty years and over.....	8	3	11	18	9	27	83	107	190
Unascertained.....	25	15	40	.....	.....	.....	279	283	562
Total.....	111	70	181	111	70	181	1,500	1,420	2,920
Average duration of insane life (years and tenths)	8.5		8.4	8.2		8.4	5.7		6.4

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPT. 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....					1	1
From 10 to 15 years.....				10	5	15
From 15 to 20 years.....	6	3	9	122	64	186
From 20 to 25 years.....	19	12	31	254	170	424
From 25 to 30 years.....	21	12	33	294	261	555
From 30 to 35 years.....	15	17	32	324	333	657
From 35 to 40 years.....	22	13	35	369	349	718
From 40 to 50 years.....	34	35	69	713	798	1,511
From 50 to 60 years.....	25	22	47	594	620	1,214
From 60 to 70 years.....	20	15	35	414	413	827
From 70 to 80 years.....	14	12	26	277	241	518
From 80 to 90 years.....	6	5	11	79	60	139
Over 90 years.....	1		1	3	1	4
Unascertained.....				8		8
Total.....	183	146	329	3,461	3,316	6,777

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPT. 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	1	3	41	31	72
From 20 to 30 years.....	10	6	16	139	133	272
From 30 to 40 years.....	8	4	12	101	140	241
From 40 to 50 years.....	8	4	12	111	102	213
From 50 to 60 years.....	6	6	12	89	47	136
From 60 to 70 years.....	2	2	4	52	15	67
From 70 to 80 years.....	1		1	10	4	14
Over 80 years.....				2		2
Total.....	37	23	60	545	472	1,017

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.				7	4	11
From 15 to 20 years.	1		1	27	15	42
From 20 to 25 years.	1	1	2	50	35	85
From 25 to 30 years.	2		2	55	48	103
From 30 to 35 years.	3	2	5	100	71	171
From 35 to 40 years.	5	2	7	185	217	402
From 40 to 50 years.	19	6	25	286	279	565
From 50 to 60 years.	21	15	36	282	314	596
From 60 to 70 years.	26	17	43	308	277	585
From 70 to 80 years.	25	23	48	158	132	290
From 80 to 90 years.	7	4	11	39	27	66
Over 90 years.	1	1	2	2	1	3
Unascertained.				1		1
Total.	111	70	181	1,500	1,420	2,920

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	23	12	35
One to three months.....	23	17	40
Three to six months.....	14	13	27
Six to nine months.....	11	9	20
Nine months to one year.....	6	1	7
One year to eighteen months.....	8	10	18
Eighteen months to two years.....	2	6	8
Two to three years.....	10	10	20
Three to four years.....	11	8	19
Four to five years.....	11	6	17
Five to ten years.....	9	14	23
Ten to fifteen years.....	5	8	13
Fifteen to twenty years.....	4	3	7
Twenty to thirty years.....	1	3	4
Thirty years and upwards.....	5	4	9
*Not insane.....	1	.....	1
Unascertained.....	39	22	61
Total.....	183	146	329

*Includes cases of alcoholism, morphia habit, etc.

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.	6	5	11
One to three months.	38	36	74
Three to six months.	26	24	50
Six to nine months.	17	12	29
Nine months to one year.	40	36	76
One year to eighteen months.	63	26	89
Eighteen months to two years.	22	17	39
Two to three years.	143	229	372
Three to four years.	18	27	45
Four to five years.	57	28	85
Five to ten years.	227	222	449
Ten to fifteen years.	213	226	439
Fifteen to twenty years.	99	115	214
Twenty to thirty years.	104	101	205
Thirty years and upwards.	55	73	128
Total.	1,128	1,177	2,305

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.....	6	2	8	93	9	102
Commercial:						
Bankers, merchants, ac- countants, clerks, sales- men, shopmen, shop- keepers, stenographers, typewriters, etc.....	21	.....	21	288	4	292
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	43	.....	43	926	2	928
Mechanics at outdoor voca- tions:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	18	.....	18	541	.....	541
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc....	25	.....	25	295	2	297
Domestic service:						
Waiters, cooks, servants, etc.....	6	38	44	31	1,334	1,365
Educational and higher do- mestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	77	77	43	1,504	1,547

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, saleswomen, stenographers, type- writers, etc.....		2	2		25	25
Employed in sedentary oc- cupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		7	7	11	155	166
Miners, seamen, etc.....				36		36
Prostitutes.....		1	1		4	4
Laborers.....	49		49	927		927
No occupation.....	14	15	29	201	217	418
Unascertained.....	1	4	5	69	60	129
Total.....	183	146	329	3,461	3,316	6,777

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Alabama.....				1		1
California.....				2	1	3
Connecticut.....				19	9	28
Florida.....					2	2
Georgia.....					1	1
Illinois.....				6	5	11
Indiana.....				2	4	6
Iowa.....				3	1	4
Kansas.....		1	1	2	3	5
Kentucky.....					3	3
Maine.....				3	2	5
Maryland.....				8	56	64
Massachusetts.....				20	12	32
Michigan.....	2		2	23	11	34
Minnesota.....				1	4	5
Mississippi.....				1		1
Missouri.....				2	1	3
New Hampshire.....				4	2	6
New Jersey.....		1	1	15	11	26
New York.....	101	76	177	1,908	1,777	3,685
North Carolina.....		1	1	3	3	6
Ohio.....				8	2	10
Pennsylvania.....	8	6	14	87	79	166
Rhode Island.....				3		3
South Carolina.....				1	1	2
Tennessee.....				1		1
Texas.....				1		1
Vermont.....		1	1	12	10	22
Virginia.....		1	1	3	11	14
West Virginia.....					1	1
Wisconsin.....	1		1	7	6	13
Africa.....				1		1
Armenia.....				1		1
Austria.....	1	1	2	11	7	18
Bavaria.....				1		1
Bohemia.....				3	4	7
Canada.....	3	5	8	43	49	92
Ceylon.....				1		1

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPT. 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
China.....				1		1
Cuba.....				1		1
Denmark.....				2	3	5
England.....	4	3	7	97	101	198
Finland.....				1		1
France.....	2	2	4	19	10	29
Germany.....	12	10	22	236	239	475
Greece.....				1	1	2
Holland.....	1		1	7	13	20
Hungary.....	1	2	3	7	6	13
Ireland.....	18	18	36	339	553	892
Italy.....	3		3	27	11	38
Japan.....				1		1
Korea.....				1		1
Malta.....				1		1
Norway.....	2		2	6	2	8
Nova Scotia.....				2	1	3
Poland.....	2	1	3	12	19	31
Roumania.....				1		1
Russia.....	4	1	5	18	4	22
Scotland.....	1	1	2	15	17	32
Sicily.....	1		1	1		1
South America.....	1		1	1		1
Spain.....	1		1	1		1
Sweden.....				13	13	26
Switzerland.....				13	1	14
Syria.....	1		1	2		2
Wales.....				2	3	5
West Indies.....		2	2	1	2	3
United States.....	13	13	26	207	95	302
Unascertained.....				218	144	362
Total.....	183	146	329	3,461	3,316	6,777

Of the total number admitted since the 1st of October, 1890, the parents of 28.68 per cent were both of foreign birth.

In 2.12 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.72 per cent the parentage on the maternal side was foreign while that on the paternal side was native.

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....	22		22
Broome.....			
Cattaraugus.....			
Cayuga.....	37		37
Chautauqua.....	1		1
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....	1		1
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....	1		1
Montgomery.....			
Nassau.....			
New York.....	87		87
Niagara.....			
Oneida.....			
Onondaga.....	1		1
Ontario.....	29		29
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....	3		3
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....	13		13
Seneca.....	24		24
Steuben.....	47		47
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....	32		32
Ulster.....			
Warren.....			
Washington.....			
Wayne.....	18		18
Westchester.....			
Wyoming.....			
Yates.....	11		11
Soldiers' Home.....	2		2
Total.....	329		329

WILLARD STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	42	80	122			
Allegany.....	52	53	105			
Broome.....						
Cattaraugus.....	1		1			
Cayuga.....	98	84	182			
Chautauqua.....	1	1	2			
Chemung.....	27	23	50			
Chenango.....						
Clinton.....		2	2			
Columbia.....		8	8			
Cortland.....		1	1			
Delaware.....						
Dutchess.....		1	1			
Erie.....	39	4	43			
Essex.....	2	2	4			
Franklin.....	7	3	10			
Fulton.....	8	4	12			
Genesee.....	1		1			
Greene.....	4	1	5			
Hamilton.....						
Herkimer.....	4	7	11			
Jefferson.....						
Kings.....	63	116	179			
Lewis.....	4	1	5			
Livingston.....						
Madison.....	3	2	5			
Monroe.....		2	2			
Montgomery.....	6	9	15			
Nassau.....		1	1			
New York.....	235	194	429			
Niagara.....	9	1	10			
Oneida.....	1		1			
Onondaga.....	17	25	42			
Ontario.....	92	97	189			
Orange.....	3	2	5			
Orleans.....						

WILLARD STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Oswego.....	1	5	6			
Otsego.....						
Putnam.....		1	1			
Queens.....	18	9	27			
Rensselaer.....	5	36	41			
Richmond.....	2	10	12			
Rockland.....	1		1			
St. Lawrence.....						
Saratoga.....	6	12	18			
Schenectady.....	6	9	15			
Schoharie.....						
Schuyler.....	30	31	61			
Seneca.....	50	38	88			
Steuben.....	104	104	208			
Suffolk.....	6	4	10			
Sullivan.....						
Tioga.....						
Tompkins.....	49	56	105			
Ulster.....		11	11			
Warren.....		2	2			
Washington.....		8	8			
Wayne.....	68	44	112			
Westchester.....	10	34	44			
Wyoming.....	1		1			
Yates.....	21	37	58			
Soldiers and Sailors' Home.....	18		18			
State patients.....	13	2	15			
Total.....	1,128	1,177	2,305			

FORTY-FIRST ANNUAL REPORT

OF THE

Hudson River State Hospital

At Poughkeepsie, N. Y.

TO THE

State Commission in Lunacy

For the Year Ending September 30, 1907.

OFFICERS

BOARD OF MANAGERS

ISAAC W. SHERRILL, President.....	Poughkeepsie
REGINALD W. RIVES, Secretary.....	New Hamburg
GEORGE M. HINE	Poughkeepsie
CATHERINE A. NEWBOLD	Poughkeepsie
MYRA H. AVERY	Poughkeepsie
WILLIAM D. GRANGER, M. D.....	Bronxville
WILLIAM F. GURLEY	Troy

Treasurer

CARROLL F. SMITH	Albany
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Counsel

JAMES L. WILLIAMS	Poughkeepsie
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Resident Officers

CHARLES W. PILGRIM, M. D.....	Medical Superintendent
ISHAM G. HARRIS, M. D.....	First Assistant Physician
FREDERICK W. PARSONS, M. D.....	Second Assistant Physician
CLINTON J. HYDE, M. D.....	Assistant Physician
WILLIAM J. CAVANAUGH, M. D.....	Assistant Physician
SAMUEL F. MELLEN, M. D.....	Assistant Physician
EMMA PUTNAM, M. D.....	Assistant Physician
ADELBERT C. MATTHEWS, M. D.....	Junior Assistant Physician
DEAN MILTIMORE, M. D.....	Junior Assistant Physician
WILLIS E. MERRIMAN, M. D.....	Junior Assistant Physician
MORTIMER W. RAYNOR, M. D.....	Junior Assistant Physician
VACANCY	Junior Assistant Physician
RUTH DEMAREST, M. D.....	Woman Physician
HOWARD P. CARPENTER, M. D.....	Medical Interne
VACANCY	Medical Interne
GEORGE R. FINTON	Steward
VACANCY	Matron

Ophthalmologist

W. G. DOBSON, M. D.....	Poughkeepsie
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Dentist

MITCHELL DOWNING, D. D. S.....	Poughkeepsie
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REPORT OF THE BOARD OF MANAGERS

To the State Commission in Lunacy:

GENTLEMEN.—In compliance with the requirements as expressed in chapter 490 of the Laws of 1905, we herewith present for your consideration the forty-first annual report of the Hudson River State Hospital for the fiscal year ending September 30, 1907.

There were in the hospital at the beginning of the year 2,294 patients, 1,110 men and 1,184 women. There were admitted during the year 317 men and 260 women. One hundred and fifty-eight (158) men and 121 women were discharged, and 115 men and 91 women died, thus leaving in the hospital at the close of the year 1,154 men and 1,231 women, a total of 2,385. The total number treated during the year was 2,871, while the average number under treatment was 2,329.

One hundred and fifty-four patients were discharged as recovered, and fifty-seven as improved, which shows that thirty-seven per cent of the number admitted were restored to home and friends.

In the statement of expenditures, in the report of the deputy treasurer, it will be seen that the per capita cost of caring for the patients was \$3.90 per week, which is ten cents per week more than it was in 1906. This increase is readily accounted for by the higher cost of all food products, and also by the fact that about \$5,000 was paid for eggs which will be used during the coming winter.

For a detailed account of the operations of the hospital during the year your attention is respectfully called to the report of the medical superintendent, where the usual statistical tables, the nature of the improvements during the year, the needs for the coming year, etc., will be found. While desiring to avoid needless repetition we feel that a few words should be said by us in regard to some of these matters.

Wards 28 and 29, at the central group, for infirm men, are in charge of women nurses, and the experiment has been found to work very satisfactorily. The wards are neat, attractive and

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

homelike, and the presence of women leads to orderly conduct and the cultivation of good habits on the part of the patients. Anything which serves to make the management of hospitals for the insane more like that of general hospitals should be encouraged, and we feel that this is a step in the right direction. As is well known, women have been employed to a limited extent upon men's wards in this hospital for several years past, but not until the opening of these two wards have women been given the entire charge of men's wards. A man attendant is employed on each ward to do the heavy work and the ordinary bathing, but all the other work is done by the women.

The two wards in the main building, which were formerly the apartments occupied by the superintendent, assistant physicians and steward, are attractive and comfortable in every way, and are appreciated by the quiet patients who occupy them.

The new amusement hall will be opened within a few days and will undoubtedly add to the happiness of the patients.

The handsome chapel presented to the hospital through the efforts of Father Casey, of St. Andrew's Novitiate, has been a source of comfort to the Catholic employees and patients and a great convenience to the hospital.

The list of the needs of the hospital is a formidable one, but we feel that it is our duty to call attention to these things which we believe to be necessary and desirable, leaving to your wisdom, and that of the Legislature, the approval or disapproval of our requests.

While we believe that we have asked for nothing which would not add to the efficiency and usefulness of the hospital, there are some things which we deem of greater importance than others, and to these we desire to briefly call your attention.

First of all we think that a home for nurses should be provided for those who work on the wards of the main building. Many of the nurses who are employed there are obliged to occupy inconvenient and unsuitable rooms in the attics, while many others occupy rooms on the wards intended for patients. This is a detriment to patients as well as to nurses. Patients are not only deprived of rooms intended for their use, but, on account of the necessity of keeping the doors locked the wards are rendered dark and gloomy; and, as for the nurses, it stands to reason that they cannot secure rest and privacy when off duty, when their rooms are on the wards, where patients are constantly pres-

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

ent. If we are to get and keep the right sort of persons as attendants and nurses we must furnish some inducements in the manner of surroundings as well as an increase of wages.

We also think that better accommodations should be provided for the medical staff, and would recommend that the rooms in the main building, now occupied by the staff, be used for patients, and that a house be built in close proximity to the administration building for the physicians. Where staff houses have already been erected the results have been very satisfactory.

We would also again call your attention to the necessity for an operating pavilion, as at present there is no suitable place for performing operations or for gynaecological treatment.

In addition to the nurses' home, the staff house, and the operating pavilion, which we consider our most urgent needs, we would call attention to the desirability of adding new sun rooms to several of the wards, and of increasing the size of the porches at the cottages. As many of the patients are too feeble to go out for walks, the necessity for sun rooms and porches becomes apparent.

In regard to the needs of our engineering and electrical departments we do not feel ourselves competent to judge. Our own engineers, however, think them very urgent, and we assume that they will be referred to the State architect's office for final decision.

The need of a new barn and more land we think is quite apparent, and we hope that funds may be available to make it possible to carry out our desires in this direction.

The managers have held the monthly meetings required by law, at which times the wards have been visited, patients interviewed, and new work inspected. Many additional visits have been made by various members of the board, and even night inspection of the wards has not been overlooked. It is the custom of one manager to visit the hospital weekly and to spend several hours on the ward unaccompanied by any medical officer, so that patients may feel free to make their wants and troubles known.

In our last report we made record that Dr. Charles W. Pilgrim in May of that year "was forced to leave us, as we hoped, only temporarily." We are pleased to record that after a year's service as president of the State Commission in Lunacy, Dr. Pilgrim resigned that office and May 1st returned to the hospital.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

During the life of the hospital, a period of nearly forty-two years, it has enjoyed the good fortune of having but two superintendents, Dr. Joseph M. Cleaveland, from March 28, 1866, to March 28, 1893, and Dr. Pilgrim since May, 1893. The managers wish to express their hearty appreciation and approval of Dr. Pilgrim's administration and our gratification that he decided to return and resume the duties of superintendent.

During the year Dr. Pilgrim was absent Dr. Isham G. Harris, the first assistant physician, was the acting superintendent. We can but repeat with emphasis from the report of last year, when we said "during the enforced absence the affairs of the hospital have been judiciously administered with untiring energy by the acting superintendent."

Respectfully submitted,

ISAAC W. SHERRILL

President.

MYRA H. AVERY

CATHERINE A. NEWBOLD

G. M. HINE

WILLIAM D. GRANGER

R. W. RIVES

Secretary.

W. F. GURLEY.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

REPORT OF DEPUTY TREASURER, 1907.

GENERAL FUND

Receipts.

Balance on hand October 1, 1906, salaries.....	\$110 19
Received from State treasurer for maintenance, on estimates 1 to 12, inclusive.....	473,694 88
Received from private patients.....	8,925 50
Received from reimbursing patients.....	25,779 64
Received from other sources.....	1,044 70
Total receipts for maintenance, October 1, 1906, to September 30, 1907.....	\$509,554 91

Disbursements.

Estimate No. 1. Officers' salaries	\$18,038 94
Estimate No. 2. Wages	172,505 96
Estimate No. 3. Provisions and stores.....	155,858 84
Estimate No. 4. Ordinary repairs	12,333 51
Estimate No. 5. Farm and grounds	11,555 09
Estimate No. 6. Clothing of patients	14,839 22
Estimate No. 7. Furniture and bedding	13,410 37
Estimate No. 8. Books and stationery	3,039 40
Estimate No. 9. Fuel and light	50,796 50
Estimate No. 10. Medical supplies	2,408 91
Estimate No. 11. Miscellaneous expenses	13,396 09
Estimate No. 12. Transportation of patients	5,667 92

Total disbursements, estimates 1 to 12, inclu- sive	\$473,850 75
Materials for which hospital is reimbursed.....	255 97
Remitted to State treasurer sundry receipts, as per chapter 580, Laws of 1899, amended by chapter 326, Laws of 1900.....	35,448 19
	\$509,554 91

Total receipts for fiscal year ending Septem- ber 30, 1907	\$509,554 91
Total disbursements	509,554 91

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

SPECIAL FUND

Apportionments by State Commission in Lunacy:

Disbursements.

Chap. 702, Laws 1905.....	\$87,492 80
Chap. 686, Laws 1906.....	43,386 06
Chap. 407, Laws 1906.....	41,139 81
Chap. 564, Laws 1907.....	3,612 19
Chap. 578, Laws 1907.....	56,335 07
	\$231,965 93

Respectfully submitted,

GEO. R. FINTON

Deputy Treasurer

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE MEDICAL SUPERINTENDENT

To the Board of Managers:

In compliance with the requirements of the law, the following report of the operations of the Hudson River State Hospital for the fiscal year ended September 30, 1907, is respectfully submitted:

	Men	Women	Total
Remaining October 1, 1906.....	1,110	1,184	2,294
Admitted during year ending September 30, 1907.....	317	260	577

On original commitments:

From residences	290	241	531
By transfers from county houses.....	21	9	30
By transfers from other institutions for the insane.....	6	10	16

Total number under treatment.....	1,427	1,444	2,871
Daily average population.....	1,125	1,204	2,329
Capacity of institution.....	1,078	1,157	2,235

Discharged during year:

As recovered	83	71	154
As improved	34	23	57
As unimproved	35	23	58
As not insane	6	5	11
Died	115	91	206

Whole number discharged during year,	273	213	486
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Remaining October 1, 1907.....	1,154	1,231	2,385
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HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

ADMISSIONS

Of the 577 cases admitted, 561 were upon original commitments, while sixteen, six men and ten women, were transferred from other institutions for the insane.

Among the cases admitted fifty-three, twenty-nine men and twenty-four women, had been residents of the hospital at some previous time.

They were suffering from the following forms of insanity:

	Men	Women	Total
Dementia praecox	4	9	13
Manic-depressive insanity	6	6	12
Imbecility, with insanity	3	2	5
Anxiety psychosis	1	3	4
Senile psychosis	2	3	5
Alcoholic psychosis	9	1	10
Other psychoses	4	0	4
Total	29	24	53

Nearly all of these readmissions, with the exception of the manic-depressive cases, were those who had been discharged either as improved or unimproved. The average duration of time out of the hospital for the women was 6.76 years. The longest time out for any one woman was twenty-two years, and the shortest time was one month and seventeen days. The average for the men was three years and seven months. The longest time that any one man was out was seventeen years, and the shortest time was ten days. The cases readmitted within ten days or a month had, in almost every instance, been taken from the institution upon bond, contrary to the advice of the authorities. While the number readmitted may seem large, I think the fact that so many of them remained outside and self-supporting for a number of years justifies the discharge of such cases even when we know that they will return at some future time.

DISCHARGES

Of the 486 patients discharged, 154 were recovered, fifty-seven improved, fifty-eight unimproved, eleven not insane, and 206 died. Of the patients discharged as improved, thirty men and twenty women were taken to their homes, and four men and three women

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

were sent to their homes in foreign countries. Of the fifty-eight patients discharged as unimproved, five men and three women were transferred to other State hospitals upon orders of transfer issued by the State Commission in Lunacy, twenty-nine men and fifteen women were taken to their homes, and one man and five women were sent to their homes in foreign countries.

NUMBER UNDER TREATMENT

The greatest number under treatment at any one time during the year was 2,393, and the smallest number was 2,287. The daily average population was 2,329, while the total number treated during the year was 2,871.

RECOVERIES

The rate of recoveries based on the original commitments was 27.45 per cent, while it was over 32 per cent on the number discharged, exclusive of those transferred to other State hospitals. These figures show an increase of more than 7 per cent over those of the previous year. In 445 cases out of the 577 admitted during the year the prognosis was unfavorable from the beginning. With so many unfavorable cases to work upon, the recovery rate is certainly encouraging.

DEATHS

The total number of deaths during the year was 206, 115 men and ninety-one women, which is 7.17 per cent of the total number under treatment. Of the deaths, 15 per cent of the total number was due to tuberculosis, and 10 per cent to general paresis. Of the number dying about 66 per cent had passed the age of fifty years. These were as follows: Thirty-five were from fifty to sixty years old, forty from sixty to seventy, forty-three from seventy to ninety.

DURATION OF INSANITY

In the total number admitted during the year the duration of insanity previous to admission averaged about two and one-half years. The period under treatment averaged a little over nine months for the 154 recovered cases, and in these same cases the duration of insanity previous to admission averaged about six months. This shows in a striking manner the advantage of early treatment and calls attention anew to the desirability of so modify-

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

ing the laws that admission to a hospital for the insane may be made as easy as the admission to a general hospital. We can only hope to raise the recovery rate by making the general population and the friends of patients understand that delay in placing cases of insanity under treatment means jeopardizing, or destroying altogether, the hope of recovery.

The average duration of insane life in the 206 patients who died was nine years.

CAUSES OF INSANITY

Direct heredity was an important etiological factor in 177 cases, or 30 per cent of the total admissions. In all of these cases, nervous diseases, constitutional inferiority or alcoholic addiction could be traced back to either the father, mother, or both of the parents. In 20 per cent more there was a predisposition to insanity, from collateral branches, thus making a total of 50 per cent in which hereditary tendencies could be ascertained.

Alcohol was a prominent factor in 21 per cent of the cases.

A little more than 18 per cent of the total admissions belonged to the senile psychoses.

Of the thirty-six cases of general paresis admitted, eighteen cases had a definite history of syphilis. In five other cases bodily evidences of syphilis were present. This gives a history of syphilis in about 64 per cent of the cases of paresis.

In eight cases syphilis and alcohol could not be demonstrated. In ten cases alcohol and loose morals were demonstrated, but no history of syphilis was obtainable. In eight cases there was a history of both alcohol and syphilis and in ten cases there was a history of syphilis alone.

OCCUPATION

Occupation is an essential feature in the care and treatment of the insane. Therefore constant efforts are made to interest patients in occupation of some kind. The daily average number employed during the past year was 67 per cent for the men and 61 per cent for the women, making the general average 64 per cent.

AMUSEMENT AND RECREATION

The patients had much enjoyment during the year from numerous dramatic entertainments, dances, card parties, band concerts, boat sails, ball games, athletic contests, sleigh rides, etc.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

More attention than usual was given to excursions on the river. Twice a month during June, July and August a steamer was chartered and, with refreshments and our hospital band, a four hours' sail up and down the Hudson was enjoyed by nurses and patients.

Mr. Wheeler deserves much credit for the successful manner in which he has managed the amusements for the past five or six years.

MEDICAL WORK

Efforts to bring the medical work of the hospital up to a high standard have been continuous. The staff has shown painstaking care in working up cases, in staff meetings, and in autopsy work. As was stated last year cases are presented at staff meetings twice in each week and all points are brought out and demonstrated; full discussions are had, and painstaking typewritten records are kept of all cases. Differences of opinion are noted, and all cases in which a question for diagnosis or prognosis arises are presented for review and further discussion at some future time.

Every effort has been made to correlate the clinical with the pathological work of the cases coming to autopsy. All such cases are carefully reviewed and a mental and physical outline of the case is presented with a statement as to the pathological condition expected to be found.

Dental work is done for the hospital by Dr. Mitchell Downing, and the ophthalmological work by Dr. William G. Dobson, both of Poughkeepsie.

The hospital entertained the Dutchess County Medical Society in July and the members of the staff read papers on various types of mental disease and presented cases illustrating these types. The general medical profession is encouraged to make use of our material and physicians are always welcome at our staff meetings and clinics.

In addition to the semi-weekly staff meetings, there are held quarterly meetings of representatives of neighboring hospitals. At these meetings difficult and interesting cases are presented for discussion and diagnosis.

Too much credit cannot be given to Dr. Adolf Meyer, director of the Pathological Institute, for the excellent work he has done in bringing up the medical service of the State hospitals to the present high standard. The instruction given at the institute and

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

the quarterly meetings have done much to stimulate the members of the staff, and the oversight given to the medical work by Dr. Meyer keeps it constantly at the highest point of efficiency.

CLASSIFICATION

The classification of Kraepelin is followed with some modifications suggested by the Director of the Pathological Institute.

It is as follows:

A. Disorders etiologically characterized:

I. Psychoses with more or less brain disease.

	Men	Women	Total
1. Psychoses part of a nervous affection, ...			14
Brain tumor with mental symptoms, ...	1		
Traumatic psychoses	2		
Transcortical motor aphasia.	1		
Brain syphilis			
Organic dementia (post apoplectic). . . .	6	1	
Central neuritis		2	
Deterioration following brain destruction (not differentiated)		1	
2. Senile psychoses	54	55	109
3. General paralysis			38
Cerebral form	22	8	
Tabetic form	3	2	
Cases suspicious of general paralysis	2	1	

II. Psychoses due to intoxications.

1. Alcoholic psychoses			92
Simple deterioration	11	1	
Delirium tremens	9		
Delirium tremens followed by polyneuritis and deterioration.	1		
Delirium tremens followed by deterioration	2		
Acute and subacute hallucinosis.	35	8	
Korsakoff's complex	2		
Alcoholic paranoic conditions.	15	1	
Disorders of a more independent symptomatic type	4	3	
2. Drug and other toxic psychoses. . . .	5		5

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

	Men	Women	Total
III. Autotoxic, infective or exhaustive types	2	5	8
1. Conditions allied to infective-exhaustive psychoses . . . . .	....	1	....
B. Disorders of a largely symptomatic-prognostic type:			
Essential depressions not sufficiently differentiated	1	4	....
Excitements not sufficiently differentiated . . . . .	....	3	....
Symptomatic depressions	2	....	....
Depressive hallucinosis . . . . .	....	....	....
Agitated depressions or anxiety-psychoses (largely of the involutional period)	10	15	....
Allied anxiety psychoses . . . . .	....	2	....
Depressions with additional symptoms . . . . .	....	1	....
3. Dementia praecox . . . . .	....	....	162
Paranoid forms	14	21	....
Simple forms	45	58	....
Catatonic forms	9	4	....
Allied to dementia praecox	5	6	....
4. Paranoic conditions . . . . .	....	....	15
Chronic systematized delusions of persecution . . . . .	....	1	....
Chronic delusions of persecution of unsystematized form	4	4	....
Paranoic states (ideas of jealousy)	1	1	....
Delusions of importance with slight deterioration . . . . .	....	4	....
Paranoic residuals of an undetermined psychosis . . . . .	....	....	....
5. Manic-depressive insanity . . . . .	....	....	28
Manic attacks	10	16	....
Depressive attacks	1	1	....
Mixed conditions . . . . .	....	....	....
Delirious equivalents . . . . .	....	....	....
6. Conditions allied to manic-depressive insanity . . . . .	....	....	3

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

	Men	Women	Total
Excitements . . . . .	....	3	....
Depressions . . . . .	....	....	....
C. Psychoses belonging to definite neuroses or make up . . . . .	....	....	46
Psychasthenic insanity	3	....	....
Neurasthenic insanity . . . . .	....	....	....
Epileptic insanity	9	2	....
Hysterical insanity . . . . .	....	3	....
Excitement following chorea . . . . .	....	....	....
Constitutional inferiority	10	3	....
Imbecility	8	8	....
D. Not classified	3	7	10
E. Not insane	5	4	9
	317	260	577

TREATMENT

In the treatment of the insane, hydrotherapy, rest, nutritious foods, general tonics, care and nursing play the most important part. Hydrotherapy has almost entirely supplanted the use of drug soporifics, somnolents and hypnotics. Diversions of a helpful nature, as music, dances, boat sails, sleigh rides, walks, pool, billiards, and some light occupations are prominent therapeutic features. Massage, electrotherapy, and X-ray are used as indicated. Surgical operations are performed when considered best for the welfare of the patient. Saline enemata have been found useful in a great many cases. As a means of diagnosis lumbar puncture is often used.

In this connection I would suggest that it is our intention to establish a clinic in connection with this hospital upon the completion of the building for the acute insane. In this way it is hoped that many nervous and incipient cases of insanity may be reached.

AUTOPSY WORK

The members of the staff, in so far as it is possible, are present at each autopsy and the case is discussed by all. Before the examination a clinical diagnosis is written out by the physician who had the case in charge. The findings are then compared with the clinical data. Sections are taken from the organs and preserved for microscopical examination. A record of the autopsy,

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with an anatomical diagnosis, is filed with the case. A record is also kept in a card index. From time to time material is sent to the Pathological Institute. Autopsies were performed in about 40 per cent of all the patients who died. Much valuable information was obtained, but as the records are voluminous it is thought best not to print them here. Steps are already under way for the printing and distribution of reports containing records of the medical work of the various hospitals.

LABORATORY WORK

More than 400 examinations of urine have been made in the laboratory, besides a large number made by various physicians on the wards and in the drug rooms of the different departments.

Microscopical examinations of blood, urine, sputum, etc., are made as occasion demands. There have been more than 125 such examinations.

Lumbar puncture, as already stated, has been made in a number of cases, and there have been several analyses of gastric contents.

Blood pressure examinations were systematically carried on during the summer in 136 cases.

Examinations of the drinking water are made at frequent intervals. No evidence of contamination from sewage has been found and the counts have run from ten to sixty bacteria.

CHANGES IN THE OFFICIAL STAFF

The following changes occurred in the official staff during the year:

Clinton J. Hyde, from junior to assistant physician, October 1.

Perlia E. Garlock, junior physician, began October 5th; left, October 31, 1906.

Russell E. Blaisdell, medical interne, began August 15, 1906.

Micajah Boland, junior physician, began November 8, 1906.

Charles E. McPeck, medical interne, began January 1, 1907.

Mortimer E. Raynor, junior physician, began March 2, 1907.

Emma Putnam, assistant physician, left the service, May 3, 1906; returned, April 1, 1907.

Charles W. Pilgrim, superintendent, returned May 16, 1907.

Russell E. Blaisdell, promoted August 7th to junior physician, in Dr. Boland's place, who resigned July 15, 1907.

Dr. Norton I. Pennock, medical interne, left Dec. 31, 1906.

Howard Carpenter, medical interne, began August 7, 1907.

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AFTER-CARE OF THE INSANE

The After-Care Association, inaugurated through the efforts of Miss Louisa Lee Schuyler, has manifested great interest in the work, and in two instances employment was found for women patients who were without home or friends. The value of the work of this association will undoubtedly increase as time goes on and the efforts of its members should receive the cordial support of all who are interested in the welfare of the insane.

TRAINING SCHOOL FOR NURSES

A training school for nurses was established in this hospital in 1886. It has been reorganized from time to time to conform to advanced ideas and methods of instruction. The uniform two years' course adopted by all the State hospitals is in full operation. Instruction is given in subjects pertaining to general nursing, but special attention is paid to the management and nursing of the insane. Quizzes and practical demonstrations have almost wholly supplemented didactic methods of instruction. The school graduated nine members during the past year. At present there are fifteen members in the senior class and twenty in the junior.

MUTUAL BENEFIT AND PROTECTIVE ASSOCIATION
OF THE EMPLOYEES

Two years ago a Mutual Benefit and Protective Association was organized by the employees of this hospital. It was founded on the broad principles of benevolence. Its establishment is to provide relief and aid in sickness and distress, burials at death, and to inspire its members with the elevating influences of the proper recognition of the stern realities and responsibilities of life. This association has a constitution and by-laws formulated by its members. It gives sick benefits to its members and on the death of a member of the society, who has been in good standing for three months, his widow, or nominee, is entitled to receive \$100.

A NEW STATISTICAL TABLE

At the thirty-third session of the National Conference of Charities and Correction, held in May, 1906, in Philadelphia, the following resolution was unanimously adopted:

“Resolved, that the National Conference of Charities and Correction urges upon all responsible for the administration of State

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institutions, the need for more uniform statistics relating to population and finances; that the official boards or bodies having supervision of State charities and the heads of the various State charitable and correctional institutions be requested to give one page for each year in their reports, setting forth a few important facts, in conformity with the blanks prepared by the Committee on Statistics; that the Secretary of the Conference is hereby directed to bring this resolution to the attention of all persons interested and request their compliance therewith and their reply to the request."

Obedient to this request I herewith append the table referred to:

STATISTICAL FORM FOR STATE INSTITUTIONS

PREPARED IN ACCORDANCE WITH A RESOLUTION OF THE NATIONAL CONFERENCE OF CHARITIES AND CORRECTION, ADOPTED MAY 15, 1906.

Name of institution, Hudson River State Hospital,
Poughkeepsie, N. Y.

	POPULATION		
	Male	Female	Total
Number of inmates present at beginning of fiscal year.....	1,110	1,184	2,294
Number received during the year....	317	260	577
Number discharged or died during year,	273	213	486
Number at end of fiscal year.....	1,154	1,231	2,385
Daily average attendance (<i>i. e.</i> , number of inmates actually present) during year	1,125	1,204	2,329
Average number of officers and employees during the year.....	280	204	484

EXPENDITURES

Current Expenses.

1. Salaries and wages.....	\$190,544 90
2. Clothing	14,839 22
3. Subsistence	155,858 84
4. Ordinary repairs	12,333 51
5. Office, domestic and outdoor expenses.....	100,274 28

Total \$473,850 75

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Extraordinary Expenses.

1. New buildings, land, etc.....	\$184,198 37
2. Permanent improvements to existing build- ings	47,767 56
Total	\$231,965 93
Grand total	\$705,816 68

Notes on Current Expenses.

1. Salaries and wages should include salaries of trustees or directors, if any.

2. Clothing includes shoes and also materials for clothing and shoes if they are manufactured in the institution.

4. Ordinary repairs include all of those which simply maintain the buildings in condition without adding to them. Any repairs which are of the nature of additions should be classed with "permanent improvements."

5. This item includes everything not otherwise provided for, *e. g.*, furniture, bedding, laundry, supplies, medicines, engineer's supplies, postage, freight, library, etc.

Executive head,

CHAS. W. PILGRIM

Superintendent

IMPROVEMENTS DURING THE YEAR

WARDS FOR THE INFIRM AT CENTRAL GROUP

The two wards at the central group, known as 28 and 29, for infirm men, were opened in February, 1907, and have been found to answer well the purpose for which they were built. These wards are in charge of women nurses, assisted by a male attendant who does the heavy work and the ordinary bathing. In fact, the wards are managed exactly like those in a general hospital, and the results thus far have been very satisfactory.

QUARTERS FORMERLY OCCUPIED BY STAFF

The rooms in the administration building, formerly occupied by the official staff of the institution, were opened in September as wards for quiet women patients. Each floor accommodates fifty

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patients, and the changes which were made converted them into very pleasant and convenient wards.

AMUSEMENT HALL

The new amusement hall, with seating capacity for 800, will be formally opened in a few days. It promises to be very satisfactory in every way.

NEW CHAPEL

As mentioned under the heading "Religious Services" the new chapel for the use of Catholic patients was consecrated December 12, 1906. It is a beautiful stone building and is admirably fulfilling the purpose for which it was built.

RENEWAL OF PLUMBING

All the toilet rooms, bath rooms and lavatories in Wards 1, 5 and 9 were completely renovated during the year. New tile floors were laid, the old unsanitary piping was replaced, and new bath and toilet fixtures were provided.

Minor changes in plumbing in other wards were also made and the bath rooms in the staff house were provided with new floors.

New bath and toilet rooms have also been provided in connection with the quarters used by the women employed in the laundry, and by the men in the kitchen block at the central group.

PHYSICIANS' HOUSE AT CENTRAL GROUP

The physicians' house at central group has been provided with a new slate roof in place of the old shingle one which had become useless.

LAUNDRY MACHINERY

Many changes have been made in the laundry and considerable new machinery has been purchased and will be installed within a few months. With the addition of the new dry-house, and the other minor changes asked for in our "Needs for the Coming Year," our laundry will be in excellent condition and of sufficient capacity to do the increased amount of work which the opening of the new buildings next spring will make necessary.

OUTSIDE LIGHTING

A much needed improvement has been made in the street lighting around the main building. Many more lights, however, should be provided in other parts of the grounds.

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FURNISHINGS

Linoleum has been laid in several of the corridors and some new furniture has been added to provide for deficiencies, but in spite of the additions already made much more is needed to make the wards as attractive and cheerful as they should be.

MINOR REPAIRS

Many minor repairs and improvements have been made in various parts of the hospital in order to keep the plant in a proper state of efficiency, and considerable painting has been done, especially on the frame buildings and the outside woodwork of the main building.

REPAIRS TO COAL TRESTLE

An expenditure of nearly \$4,000 has been made on the coal trestle and the tracks within our grounds in order to make our railway equipment satisfactory to the railroad authorities who furnish us with freight and passenger service.

COLD STORAGE PLANT

The cold storage plant was completed early in the year and, aside from temporary interferences, it has been satisfactory. Since the last repairs were made it has given excellent service.

WORK UNDER WAY

The addition to the nurses' cottage at central group, the enlargement of the laundry building, the sun rooms on 3, 7 and 11, and the changes in the old amusement hall, are all under way at the present time and will be completed and in use early in the spring.

NEEDS FOR THE COMING YEAR

NURSES' HOME

Our most pressing need at the present time is a nurses' home for the main group of buildings. We now have more than a hundred attendants sleeping on the wards and in rooms temporarily provided in the attics of the various buildings. By using rooms on the wards for nurses and attendants the attractiveness and usefulness of the wards for patients are greatly lessened, as every room used by an employee must be kept locked during the day, thus shutting out the light and air from the wards, with the result,

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when several rooms are used, of making the long corridors merely dark passageways instead of the light, airy and attractive wards they should be.

The usefulness of attendants' homes is universally acknowledged. Life among the insane is not an attractive one, and if we are to enlist the right sort of persons in the work we must provide them with comfortable surroundings. Plans from which homes have been erected at other institutions call for an expenditure of about \$81,000.

STAFF HOUSE

Owing to the increase in the size of the hospital our quarters for the medical staff have become too cramped. The building now known as the staff house is occupied by the steward and his family, the first assistant physician and his family, and two assistant physicians who lodge there but take their meals in the main building. It is too far away for a general staff house, even if there were more room in it, and for that reason an addition which was proposed some years ago was not built. I would suggest, therefore, that a building for staff uses be put up close to the administration building, and that the rooms now occupied by the staff be used for patients. We could accommodate about sixty patients in the rooms now used by medical officers, and the \$30,000 which it would cost to build for that number of patients at \$500 per capita would build the staff house.

OPERATING PAVILION

In order to keep up with the advances which are constantly being made in our specialty we should have an addition to the main building properly equipped for the thorough study of cases, with an operating room, a gynaecological room, an ophthalmological room, an electrical room, etc. Such a building would naturally be expensive, but from the cost of one built at Middletown three or four years ago it is estimated that our needs here could be supplied for about \$12,000. This is one of our most pressing needs.

FURNITURE FOR ACUTE BUILDING

In order to provide the building for acute cases with suitable kitchen equipment, and to furnish the wards and rooms, an appropriation of at least \$7,500 will be necessary.

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HYDROTHERAPEUTIC APPLIANCES

It will be necessary to fit up modern hydrotherapeutic rooms in the building for the acute insane at an expense of about \$3,000.

REPAIRS OF FLOOR AND TRIM IN MAIN BUILDING

Much of the trim and some of the floors in the main group of buildings need attention. An allowance of \$3,000 would probably be sufficient to put the buildings in good condition in this respect.

BRONZE TABLET

In a formal resolution, passed by the Board of Managers at the time of Dr. Cleaveland's death, it was decided to erect in the hall of the main building a suitable tablet to his memory. An estimate for \$100 was therefore presented to the Commission in Lunacy but, as no funds were available for the purpose, the Commission suggested that a request for the amount be made to the Legislature.

SUN ROOMS 17, 18 AND 19

The day room space in these wards is very limited and they would be greatly improved by the addition of a sun room on each of the three floors. An expenditure of \$6,500 would probably be required to build an addition which would conform to the style of the present building.

HOUSE FOR STEWARD

The steward is now occupying rooms in the staff house which are very much needed for the use of the physicians. The cottage now occupied by the head farmer would, if put in good and sanitary condition, provide a suitable dwelling for the steward and his family. To repair, light, plumb and heat this building about \$3,500 would be needed and I urge that efforts be made to procure an appropriation for the purposes mentioned.

ADDITION TO STEWARD'S OFFICE

The steward's office is much too small for the force required in an institution as large as this, and an extension, including a vault for the storage of records and valuables, should be made. It is estimated that the work will cost about \$4,000.

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ADDITIONAL EQUIPMENT FOR LAUNDRY

Despite the fact that we have from time to time added to our laundry equipment the fact remains that still more must be done if our facilities are to be adequate to our increased needs. Our drying room is antiquated and much too small. Additional metal cabinet dryers should be installed before our new buildings are opened; an exhaust fan should be put in; six new laundry trucks are needed; the new floor in the distributing room is badly worn and should be replaced; a hot-water heater should be provided and other minor articles and repairs should receive attention. To provide the new drying cabinet of the latest and most efficient design and to make the repairs required an appropriation of \$6,000 will be necessary.

NEW EQUIPMENT TO KITCHENS

Quite a good deal of modern kitchen furniture should be purchased during the coming year. A new steam table and a meat-slicing machine should be purchased. We should also have a Pasteurizing machine in order to give our patients pure milk, free from bacteria. New plumbing and new pipes to carry off vapor from the steam kettles are necessary. One new range is also needed at the cottage department. One thousand (\$1,000) dollars should be set aside to properly equip our kitchens.

ADDITION TO MAIN KITCHEN

The main kitchen, especially the scullery, is too small to permit of the proper performance of the work which is necessary in connection with cooking for more than 1,200 persons. Besides, the kitchen roof needs extra trusses as it has begun to sag. In order to make the addition and to strengthen the roof \$3,000 will be required.

FAN FOR MAIN KITCHEN

The main kitchen at the main building, where food for more than 1,200 patients is prepared, is poorly ventilated and at times it is impossible to see more than a few feet on account of the vapor arising from the steam kettles. In order to properly ventilate this a fan is necessary. A forty-eight-inch fan with speed regulating rheostat would cost about \$400.

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NEW FURNITURE

Nearly all the wards need additional furnishings in the way of settees, chairs, tables, floor covering, pictures, etc. There are also ninety-seven old strap iron bedsteads in use which should be replaced by those with springs. Much of this shortage is due to the fact that in several instances when new quarters have been made for patients an adequate supply of furniture has not been provided. The sum of \$4,000 is asked.

DAY ROOMS, WARDS 26 AND 27

On Wards 26 and 27 we care for the most disturbed and dangerous men in the institution. These men are irritable and easily provoked to violence. Consequently a liberal allowance of day room should be provided. Instead of large day rooms there is but one small room, fifteen by seventeen feet, into which must be crowded from fifteen to twenty violent men. This is only one-quarter the space which is generally allowed for day room uses even in the wards for quiet patients. I would, therefore, recommend that an addition be constructed on the north side of the building which would provide for a large, airy and well-lighted day room for each ward. The cost would be about \$5,000, and as each of the old day rooms would provide sleeping quarters for five patients the cost would thus be offset by the additional accommodations.

RENOVATION OF WARDS 21 AND 22

Wards 21 and 22, which have been used for many years for the most disturbed and destructive men, are badly in need of renovation. New floors and new trim should be supplied throughout before these wards are turned over to the women, as it is our intention to do when the new building for the chronic insane is finished. The cost of putting these wards, which accommodate 300 patients in good repair, will be \$4,800.

SUN ROOMS FOR 23 AND 24

On these wards there is a class of patients who are not able to take long walks, and who would be greatly benefited if the sun rooms were built on the south side of these wards. The sum of \$2,000 would build very comfortable sun rooms — \$1,000 for each floor.

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PAINTING "INWOOD"

The contract for the finishing of the building for the chronic insane did not include the inside painting. The walls will remain as the masons leave them, and for sanitary reasons they should be painted the coming year. An estimate made by our painter shows that the cost of labor and materials for painting the entire interior will be \$3,900.

FINISHING THIRD FLOOR OF "INWOOD"

The contract for the building at the central group, which will be completed early next spring, did not include the finishing of the third floor. This floor, if finished as originally intended, would provide good accommodations for more than fifty employes. The addition which we are now making to the nurses' cottage for the employes in this building could be used to much better advantage for the employes in the group directly opposite. It is too far away from the new building for convenience of administration and besides, as it will be absolutely necessary to have some employes in the new building, rooms for them can only be obtained by taking for their use all of the limited number of single rooms intended for patients. This floor could have been finished for \$17,000 if the work had been done with the original contract, but now, owing to the advance in the cost of labor and material, probably \$20,000 will be necessary.

FIRE PROTECTION

Both "Inwood" and the building for the acute insane will need hose, extinguishers, and other fire appliances which will probably cost about \$1,000.

GRADING ABOUT "INWOOD" AND THE "ACUTE HOSPITAL"

A great deal of grading will have to be done around these buildings and at "Inwood" the work will be particularly difficult. In many places around this building a fill of eight or nine feet will be required. The ground in the neighborhood is rocky and as there is but little earth to spare, it will be necessary to cart the filling material from a considerable distance. Extra horses, carts and laborers will therefore be necessary. It will require an expenditure of about \$3,000 to get the grounds about these buildings in good condition.

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FURNITURE FOR ADDITION TO NURSES' HOUSE, CENTRAL GROUP

The addition to the nurses' house at the central group will require furnishing before it can be occupied. As it costs about ninety-one dollars at the prevailing prices to provide the necessary furnishings for an attendant's room, and as there are sixty attendants and four officers to be cared for in this addition, at least \$5,800 will be required.

ADDITION TO KITCHEN FOR INFIRMARY

The cold storage for D kitchen, central group, is an old frame structure attached to the side of the kitchen which was put up at the time of the completion of that building, sixteen years ago. It is now in a bad state of repair, and it is not worth while to spend money in attempting to put it in good condition. This kitchen, which was originally intended to provide for 100 patients, now has to suffice for more than twice that number. Estimates have been made which show that \$2,200 will be needed to make the necessary changes and additions to enable us to properly care for the food supplies and to do the work which is required in this kitchen in an efficient and economical manner.

PORCHES FOR THE COTTAGES

As the majority of the patients in the cottages are too old and feeble to take much exercise, roomy porches upon which they can spend the greater part of their time in all kinds of weather are a necessity. The two sun rooms erected at Cottages 4 and 5 have been so useful that we should like to provide in a similar way, but on a smaller scale, for the patients in the other six cottages. As the small porches now in use need extensive repairs, it would be much better to erect suitable ones now rather than to expend the considerable sum which would be called for to put them in good condition. Estimates have been prepared which show that a veranda fourteen by one hundred feet, enclosed in glass, for winter use, could be erected for \$875, but if all six were built at once \$5,000 would be sufficient. That sum is therefore asked for.

RENOVATION OF COTTAGES

The cottages, which were of very cheap construction originally, need extensive repairs. Two were put in good repair two years ago, but the other six are in very bad condition. It is difficult to

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tell just how much will be needed for a thorough renovation, but, as \$5,000 was expended on the two already repaired, we feel that in asking for an allowance of \$10,000 for the other six we are asking only for sufficient funds to do that which it is actually necessary to do.

FIRE-ESCAPES AT COTTAGES

Six of the eight cottages have no means of exit from the second story except by the center stairway. Should a fire occur cutting off this stairway many lives would undoubtedly be lost. A suitable fire-escape could probably be erected in each building for about \$650. The sum of \$3,900 is therefore asked for to make these needed improvements.

EMPLOYEES' AND INDUSTRIAL BUILDING, COTTAGE DEPARTMENT

In the cottage department the day and night nurses have to sleep on the wards, and owing to the construction of the cottages the night nurses are unable to get the necessary rest and quiet to enable them to properly perform their duties. In this department also the tuberculous and epileptic cases are housed, where the nurses have to live among them day and night. I would, therefore, suggest the advisability of erecting a building for this department in which these employes may be accommodated. In the construction of this building rooms should be set aside for light industries for this class of patients, and also one for a small congregating hall. These patients are now at a great disadvantage because of the long distance to our present amusement hall. This could also be used as a club room for the employes when not on duty. In addition there should be a small room for light laundering. In order to erect and properly equip this building \$11,000 should be appropriated.

PAINTING, INSIDE AND OUTSIDE

Nearly all the wards of the hospital need repainting from an economical as well as from an aesthetic standpoint. The steel ceilings are rusting and pitting from lack of paint and the outside woodwork is decaying from the same cause. Many of the wards have not received attention from the painter in more than a dozen years and several of the frame buildings have not been painted for more than seven years. Neglect of proper repairs at the proper time is surely poor economy. The painter has made the

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following estimates for inside painting. This includes painting the ceilings and side walls and varnishing all woodwork:

For north wing, Wards 18 and 19.....	\$2,356 52
For south wings, Wards 2 and 6.....	2,031 60
For south wings, Wards 5 and 9.....	1,565 92
For painting laundry and ironing room.....	450 00

Making a total for inside painting of.....	\$6,404 04
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For outside painting his estimate is as follows:

For painting window frames, guards, doors and frames, and all outside wood trim in Buildings A, B, C, D and E.....	\$802 60
For painting Cottages 1, 2, 3, 6, 7 and 8 in the same manner.....	1,200 00
For painting nurses' cottage and physicians' house at central group	720 00

Making a total for outside painting of.....	\$2,722 60
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And a grand total of.....	\$9,126 64
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REQUIREMENTS FOR THE ELECTRICAL DEPARTMENT

CHANGES IN THE ELECTRIC LIGHTING PLANT

The direct and single phase alternating current plant should be changed to a three phase alternating current plant throughout. These changes are advisable now for several reasons. The cables from the plant to the main building are getting in bad condition and will shortly have to be renewed. It would cost less to install cables for alternating current than direct current, as they would be much smaller. The direct current machines that have been in use since the plant started are about worn out and do not work well in parallel with our new machines. The G. E. alternator needs new collector rings and commutator and the Armington & Simms engine should have the cylinder rebored and a new piston made, also a new valve, as the present ones are badly worn. The T. H. alternator cannot be run in parallel with the G. E. machine as it has a smooth bodied armature, while that of the G. E. ma-

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chine is slotted, consequently they have to be run on separate circuits. With the addition of the two new buildings and the amusement hall our plant will be loaded to its fullest capacity, and it is doubtful if the old machines will stand up under the severe strain that will be placed upon them.

We now have to run three engines all night, and two during dark days, while one would suffice if the plant were all alternating.

The Fallkill boiler house could then be shut down at a saving of about \$4,000 a year — by running this plant with motors.

For these changes \$35,000 is asked.

OUTSIDE LIGHTS

The entire lighting should be improved and extended. The lights which we now have along the walks and roads are in bad condition, and a number of new ones should be added. For this purpose an appropriation of \$3,850 will be needed.

TELEPHONE SERVICE

The telephone service needs extending and improving. An expenditure of \$500 will put the system in a satisfactory condition.

ENGINEERING DEPARTMENT

The following items are asked for by the chief engineer and are considered by him as necessary for the successful management of his department:

NEW POWER AND BOILER HOUSE

The electric station and boiler house at the central group are in very poor condition, having been erected originally in the cheapest manner. They are far too small for our present needs and as more boilers and dynamos will be required to heat and light the buildings now in process of construction a new and adequate plant should be provided. A preliminary estimate for this work has been made by the State architect and amounts to \$40,000.

NEW BOILERS

The heating facilities at the main building are unsatisfactory and three new boilers should be installed.

The same condition will exist at the central group when the

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new buildings are in use and five new boilers will be needed in the near future.

A high-pressure boiler is also needed at the Hudson river pumping station.

These new boilers will cost about \$27,000.

FORCE MAIN FOR THE COTTAGES

At the present time the water for the cottage department is supplied from what is known as the Fallkill lake. This makes it necessary to maintain an extra boiler house at the Fallkill dam. If an extension of an eight-inch water main from the central group to the cottages could be made this extra boiler house could be done away with, and the water could be sent to this department by means of the pump from the Hudson river. Aside from this the water furnished to the cottage department from the Fallkill lake is never used for drinking purposes, and at the present time all drinking water has to be drawn from bored wells. We consider this item very necessary. It is also necessary that this same main connect with the building that is being erected for 440 patients. This connection should be made by means of a six-inch pipe. For the installation of these two lines the sum of \$7,750 will be required.

CONCRETE RESERVOIR

In order to insure a suitable supply of water at the cottages as well as a proper pressure at the central group a reservoir of concrete or other suitable material should be built on the site of the water tank now in use on the hills back of the cottages. This reservoir would cost about \$12,000.

EXTENSION AND REPAIRS TO THE MAIN GROUP BOILER HOUSE

If the three new boilers are allowed for the main group boiler house it will be necessary to enlarge the building at an estimated cost of \$2,500. While doing this the engineer thinks it would be wise to make the roof of the boiler house fireproof at a cost of \$5,500, making a total of \$8,000 for the extension and repairs suggested.

NEW PUMPING ENGINE

A new triple expansion pumping engine of 1,000,000 gallons capacity is needed at the pumping station. The cost of this will be about \$6,000. In his request for the new mains, the reservoir,

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the engine and the repairs to the boiler house at main group the engineer makes the following statement:

“ In asking for a new triple expansion pumping engine for the Hudson river pumping plant, I would respectfully suggest that the compound pump purchased from the Platt Iron Works be placed at the central group to pump through the proposed eight-inch line to the cottages and central group. First, because it will not pay to operate a compound pump when it is possible to obtain a triple expansion. For example, a compound pump performing a duty of 60,000,000 foot pounds per 1,000 pounds of steam consumed is equal to a steam consumption of thirty-three pounds per water horse power hour. Our present triple expansion engine is capable of performing a duty of 80,000,000 foot pounds of steam consumed which is equal to a steam consumption of twenty-five pounds per water horse power hour, thus the saving effected by the triple engine is eight pounds of steam per each water horse power. To deliver water at the rate of 1,000,000 U. S. gallons per twenty-four hours against a head of 190 pounds pressure is equal to seventy-eight water horse power.

The total saving in steam per hour effected by the triple engine is $8 \times 78 = 624$ pounds. As we operate the engine twenty hours per day the saving in steam for that time would be 624×20 , or 12,480 pounds. 12,480 pounds of steam at a boiler evaporation of ten to one would be equal to 1,248 pounds of coal.

As our boiler is capable of an evaporation of but eight to one in everyday service, 12,840 pounds of steam is equal to 1,560 pounds of coal. Thus we see that the triple engine would effect a saving every day of 1,560 pounds of coal as compared with the compound engine. As we operate the water plant approximately 310 days each year, and as the average saving each day would be 1,560 pounds of coal, or 211 gross tons at \$3 per ton, there would be a yearly saving of \$633.

In preparing these items I fully understand the very great expense, but when we consider the poor water supply at the cottages, both in quality as well as quantity, the low pressure at the central group, together with the ever-increasing demand for water from our main pumping plant, it seems prudent and necessary to ask for these items. The conditions about our boiler houses are such that a serious fire in either one would leave a very large group of buildings without steam.”

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SEWAGE DISPOSAL PLANT

We again ask for \$35,000 for the installation of sewage disposal plant. A great deal of complaint has been made by the residents of Poughkeepsie in regard to our sewage, which flows into the river above the intake pipe for the city water supply, and the State Board of Health has recommended that a disposal plant be provided. This is a matter of great importance to the city and its installation would relieve the hospital authorities of much criticism. It is estimated that the annual fixed charges for maintaining this plant would be about \$5,000.

TO INCREASE CAPACITY FOR STORAGE OF COAL

At both the main and central groups the capacity for storage of coal is far too limited. If the bins were enlarged at each house so as to provide for the storage of a six months' supply the coal could be delivered in good weather and would give much better results than it does now when frozen and covered with snow, as it often is when delivered during the winter months. The cost would probably be about \$3,000 for each place, or \$6,000 in all.

IMPROVEMENTS TO HEATING SYSTEM AT COTTAGES

The existing double return steam pipe system at the cottages should be replaced by a single pipe system which would be much more satisfactory and far less expensive to maintain. The cost of making the change would be \$2,400.

REPAIRS TO DOCKS

Both the large and small dock at the river are in need of extensive repairs. It is estimated that it will cost \$1,200 to put the small one in good condition, and about \$2,000 for the large one, making a total of \$3,200.

NEW FLOOR IN PUMPING STATION

The floor in the pumping station is in very bad condition. It will cost about \$500 to replace it.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

NEW MACHINERY FOR STEAM FITTING SHOP

A pipe-cutting machine with a capacity up to 12-inch and a new vertical drill press are very much needed. The pipe cutter would cost \$1,100 and the press \$160, making a total of \$1,260.

PLUMBING DEPARTMENT

TOILET ROOMS 2, 6 AND 10.

The toilet rooms on 2, 6 and 10, with a population of eighty-six people on each of Wards 2 and 6, have only three hoppers. These are insufficient and should be increased by three additional ones. These wards are also without slop sinks and hot water can be had only at the pantries of the old dining rooms, which are used as sick dormitories. The sum of \$2,000 would equip these three wards with the proper number of water-closets, slop sinks, and new drain system throughout.

NORTH WING URINALS

These urinals of the north wing are in a very unsanitary condition and are frequently, especially in hot weather, almost unbearable, because they cannot be kept in a hygienic condition. To remove the stoppage in the plumbing of these urinals the slab work must be taken down. The back slabs are set on dowel pins, no water-proof cement having been used. The top caps are cut for the waste and vent mains, and allows space for patients to throw refuse of all kinds behind the partition backs. To place these four floors in proper sanitary condition and provide for four floor drains will require \$800.

PLUMBING

ADMINISTRATION BUILDING

The south stack should be overhauled and two vent lines added. This stack was never properly constructed and should not be allowed to remain in its present condition. To put this stack in proper condition \$1,000 would be necessary.

WARDS 4 AND 8

The toilet rooms on these floors are the only ones with wooden floors, which at present are in a bad state of repair. Fire-proof tile floors for these wards would cost \$800.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

REPAIRS TO GRAND STAND

The grand stand, erected seven years ago for the use of patients when attending field sports, is badly in need of repairs. The old piers have rotted and should be replaced by new ones of brick. The roof should also be resingled. In order to save the building for future use \$600 should be expended upon it.

MUSICAL INSTRUMENTS

Our new amusement hall should have an organ. The one on hand is much too small and is inadequate for the new hall. Many of the wards are without musical instruments, and two of the pianos have been discarded because they were worn out and utterly useless. There is no better diversion and none that meets with such hearty approval as that of music, and we ask for \$2,500 with which to purchase an organ for the new amusement hall and instruments for the various wards.

BOWLING ALLEY AND BILLIARD ROOM

The upper part of the old vegetable cellar, which is immediately back of the stage of our new amusement hall, is admirably located for a bowling alley and billiard room. This addition to our amusements would be a great benefit both to patients and employes. The alley which we have now in the main building could be used exclusively for the women patients. About \$1,500 would be required to fit this cellar up properly.

RECREATION ROOMS FOR WOMEN

The rooms in the basement of the south wing, which were at one time occupied by employes, and are now vacant, would be a very suitable location for a recreation room for women, and such a room would be of great benefit in inclement weather when the patients cannot get out of doors. About \$800 would put it in a very suitable condition.

LIBRARY

Concerning the library I can but repeat what was so distinctly stated in last year's report, namely: "The room which we now use on the main floor of the main building for the patients' library is much too small, and besides it is greatly needed for other purposes. If a small addition could be made to the corridor

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

of ward eleven, our needs in this direction would be much better served, and a most desirable addition to the hospital provided." An appropriation of \$3,000 would enable us to provide a suitable addition and would, I am sure, prove to be of the utmost value.

AMBULANCE

An ambulance is needed in this institution. With the frequent transfer of patients from one department to another there should be some proper equipment in order to accomplish the desired result in the most humane way. We have no covered wagon, and an ambulance should be provided, at a cost of about \$750.

ELECTRIC TRUCK

The hospital has so much trucking from one department to another that it is often difficult to get it done, and an electric truck would prove to be a most useful addition to our plant. We could thus save the expense of at least one team and driver. For this the sum of \$4,000 is required.

NEW ROOFS TO ICE HOUSES

The ice house at the main building and the one at the cottages need new roofs. They are now in very bad condition and will not last through another season. For this purpose \$800 will be necessary — \$400 for each house.

RAILROAD STATION

At the present time we have a small railroad station just north of the road leading from the courts. It is the road that all the patients take in going out for walks and returning. The station should be on the other side of the road, just below the mortuary. Then the cars would not have to go across the main road except when coal is brought in, and the liability of anyone getting hurt would be greatly lessened. For this building \$1,500 is asked.

TRACK SCALES

Now that we have facilities for bringing coal, potatoes and other bulky freight to the hospital grounds in car-load lots, track scales, where freight could be weighed, would be very desirable. In order to properly install a 100-ton track scales with suitable foundation, dead rails, etc., about \$1,500 will be necessary.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

STONE CRUSHER

Our stone crusher is in a very bad state of repair and both of the large screens are broken. Besides this, it will be necessary at an early date to move our present plant to a new quarry. We therefore ask for a new portable, twelve by eighteen inch, fifteen-ton crusher, with bins, screens, etc., at a cost of \$1,600.

REPAIRS TO ROADS AND BUILDING NEW ROADS

Our roads are in a very bad state of repair, and it is necessary that work be done on them as soon as possible in order to keep them in proper condition. Besides, the acute hospital and "Inwood" are being built and it will be necessary to build new roads to these buildings. For this purpose the sum of \$3,500 is asked.

No extensive repairs have been made to our roads for some years past and as a result the top dressing has disappeared and the roads are beginning to disintegrate, so that they will soon be useless unless restored to their original condition.

WALKS

Walks will have to be built to the two new buildings and a number of walks need repairing. It is also necessary to build walks to the new amusement hall and storeroom. An annual outlay is necessary for extension and repairs, for good walks about a hospital for the insane are a necessity. For this purpose \$2,000 is asked.

ADDITIONAL LANDS

Adjoining the Zeigler place, which the hospital bought a few years ago, is a small farm which the institution should own. The land is fertile and in a high state of cultivation, and would be very suitable for garden purposes. As about all the land which is tillable on the hospital grounds has been in constant use for years, it needs renewing through soiling, etc., every three or four years. If this farm were purchased, we could give our land a much needed rest, and at the same time increase our acreage used for the purpose of raising vegetables, small fruit, etc. For this purpose \$10,000 should be appropriated.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

COW BARN

Our cow barn is in a very bad state of repair, and will hardly be fit for the winter's use. We had to spend \$300 last fall in order to put it in such repair as to make it at all suitable for even the winter. The floor is worn through in several places and the sills are almost entirely rotted away. Quite a sum will have to be expended this winter in order to make it at all safe. A new barn is needed very badly, and one could be built with all modern conveniences and appliances according to the latest plans for the sum of \$12,000, and it is earnestly requested that this amount be allowed.

FENCES AND DRAINAGE

The fences around the grounds are in very poor condition and it is necessary to renew them. The grounds should be fenced off from the general public roads. The fence which separates the railroad track from the grounds used by the disturbed needs renewing, if accidents to patients are to be prevented. The cottages are also open to the public. Suitable ditching and open drainage should also be done about the farm. It is essential that we have money to repair much of this drainage and build new fences so that the appearance of the farm will be in keeping with the general improvements of the grounds. The sum of \$7,000 will be necessary for these improvements.

PIGGERY

Our present piggery, having a capacity for 160 hogs, is located in such close proximity to the new building for the chronic insane that it cannot longer be used for the purpose for which it was built. The materials in it would make a very good hennerly if moved to a suitable location. I would suggest that this be done, and that a piggery be built at a point about three-quarters of a mile north of its present location. All this could be done for \$1,200.

ICE HOUSE

When all of the buildings now in course of erection are completed, we will have an increase of over 650 in our population. As our storage for ice is already too limited we should at once erect an ice house of 1,200 tons capacity. A house 120 feet long, 25 feet wide and 20 feet high, with two air spaces and one sawdust chamber, would cost complete about \$3,500.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

We are indebted to St. Peter's Church Lyceum for a dramatic entertainment, and to St. John's Lutheran Society for an evening of comedy and song.

The Y. M. C. A. Acrobatic Comedians and the Physical Culture Class of the Y. W. C. A., under the direction of Miss Alice C. Hawkins, gave us two pleasant entertainments.

The annual field day, July twenty-sixth, brought together the largest number of people ever entertained by the hospital. Mr. Vance C. Roberts and his well-trained athletes, with an increased number of contests for the patients, made the event one long to be remembered.

Contributions of books and magazines have been made by Miss Newbold, Dr. Mellen and the Hospital Book and Newspaper Society. The friend of the hospital, who wishes his name withheld, again gave us fifty dollars for the Christmas entertainment last year. This generous gift accomplishes a great deal of good and brings happiness to many a friendless patient.

RELIGIOUS SERVICES

Religious services were held throughout the year by ministers from the various churches in and about Poughkeepsie. Frequent visits were made to the sick, and the last rites were administered to the dying. The influence which these good men exert upon the patients cannot be overestimated, and we are deeply grateful to them for responding so willingly to the many calls which have been made upon them.

On December 12, 1906, the beautiful chapel of Our Lady of Mercy, a memorial gift by the Messrs. Smith, of New York city, was consecrated. We now have two chapels for the use of the Catholic patients and their spiritual needs are carefully looked after by the members of St. Andrew's Novitiate.

To Fathers Casey and McQuillan we are particularly indebted for faithful services and judicious help in several trying cases.

If someone would only furnish funds for a Protestant chapel our needs would be well supplied. As it is now the Protestant services are held in the amusement hall, and under conditions far less satisfactory than those under which the Catholic services are held.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

VISITATIONS

During the year the hospital has been visited by the Albany County Board of Charities, the Commission in Lunacy, representatives of the State Charities Aid Association, and the the Board of Managers of the hospital. Dr. William L. Russell, the medical inspector, also made frequent visits and careful inspections.

CONCLUSION

In conclusion I wish to thank the Managers and the State Commission in Lunacy for advice and assistance throughout the year. I also desire to record my appreciation of the good work done by the steward, the medical staff and other employes, for without such assistance no superintendent can meet with success. And lastly my special acknowledgment is due to Dr. Harris, who so satisfactorily performed the duties of acting superintendent during my absence.

Respectfully submitted,

CHAS. W. PILGRIM

October 19, 1907

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	1,110	1,184	2,294
Admitted during year ending Sept. 30, 1907	317	260	577
On original commitments:			
From residences.....	290	241	531
From county houses.....	21	9	30
By transfers from other institutions for insane.....	6	10	16
Total number under treatment during year..	1,427	1,444	2,871
Daily average population.....	1,125	1,204	2,329
Capacity of institution.....	1,078	1,157	2,235
Discharged during year:			
As recovered.....	83	71	154
As improved.....	34	23	57
As unimproved.....	35	23	58
As not insane.....	6	5	11
Died..	115	91	206
Whole number discharged during year.....	273	213	486
Remaining October 1, 1907.....	1,154	1,231	2,385

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2.

October 1, 1906, to September 30, 1907.

Date of opening	1871
Total acreage of grounds and buildings.....	812.35
Value of real estate, including buildings	\$2,740,925 13
Value of personal property	\$291,630 19
Acreage under cultivation	422

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$110 19
From State treasury for maintenance on estimates 1 to 12, inclusive	473,694 88
From private patients	8,925 50
From reimbursing patients	25,779 64
From all other sources	1,044 70

Total receipts for maintenance

\$741,520 84

Total receipts from State Commission in Lunacy for extraordinary improvements

\$231,965 93

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	\$18,038 94
Estimate No. 2. For wages	172,505 96
Estimate No. 3. For provisions and stores, ...	155,858 84
Estimate No. 4. For ordinary repairs.....	12,333 51
Estimate No. 5. For farm and grounds... ..	11,555 09
Estimate No. 6. For clothing of patients..	14,839 22
Estimate No. 7. For furniture and bedding, ...	13,410 37
Estimate No. 8. For books and stationery, ...	3,039 40
Estimate No. 9. For fuel and light.....	50,796 50
Estimate No. 10. For medical supplies.....	2,408 91
Estimate No. 11. For miscellaneous expenses	13,396 09
Estimate No. 12. For transportation	5,667 92

Total disbursements, estimates 1 to 12, inclusive

\$473,850 75

Material for which the hospital is reimbursed..

255 97

\$474,106 72

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2 — (Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$231,965 93
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3 90
Maximum rate of wages paid attendants and nurses:	
Men	42 25
Women	36 00
Minimum rate of wages paid attendants:	
Men	22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 10
Proportion of night attendants to average daily population	1 to 58
Percentage of daily patient population engaged in some kind of useful occupation.....	.64
Estimated value of farm and garden products during year	\$20,856 01
Estimated value of articles made or manufactured by patients during year.....	\$40,395 82

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	1	7	8				
Mental strain, worry and overwork (not included in above)...	2	7	9				
Physical:							
Intemperance.....	109	15	124	53	11	64	80
Venereal diseases.....	17	6	23				1
Sunstroke.....	1		1				
Accident or injury.....	6		6				
Parturition and puer- perium.....		9	9				
Involutional period...	8	19	27				
Fevers.....	1	1	2				
Privation and over- work.....	6		6				
Epilepsy.....	7	3	10	2	2	4	3
Old age.....	51	54	105	2	8	10	1
Epidemic influenza.....		2	2				
All other bodily disor- ders and ill health...	8	4	12	6	2	8	2
Hereditary.....	38	50	88	118	96	214	124
Constitutional inferior- ity, congenital defect.	54	43	97	2	4	6	30
Unascertained.....	3	36	39	11	11	22	
Not insane.....	5	4	9				
Total.....	317	260	577	194	134	328	241

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	92	68	14	253	131	34
General paralysis.....	38	.....	21	122	.....	84
Senile insanity.....	109	.....	72	321	.....	248
Epilepsy with insanity	11	.....	12	34	3	30
Imbecility, idiocy, with insanity.....	16	3	8	68	9	18
Other psychoses.....	302	83	79	802	195	227
*Not insane.....	9	.....	.....	39	.....	.....
Total.....	577	154	206	1,639	338	641

* Includes cases of alcoholism, drug habit, etc.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	38	19	57	2	.....	2	412	291	703	36	22	58
One to three months.....	16	18	34	22	12	34	278	258	536	235	123	358
Three to six months.....	12	18	30	24	26	50	155	171	326	366	320	686
Six to nine months.....	6	8	14	18	12	30	94	85	179	219	202	421
Nine months to one year.....	3	3	6	7	9	16	47	45	92	96	118	214
One year to eighteen months..	4	2	6	5	3	8	48	49	97	116	111	227
Eighteen months to two years	1	2	3	2	2	4	21	23	44	32	38	70
Two to three years.....	3	1	4	1	2	3	32	25	57	37	35	72
Three to four years.....	.....	.....	.....	1	2	3	7	9	16	21	18	39
Four to five years.....	.....	.....	.....	1	2	3	5	5	10	5	6	11
Five to ten years.....	.....	.....	.....	.....	1	1	11	8	19	1	2	3
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	2	4	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....	52	24	76	.....	.....	.....
Total.....	83	71	154	83	71	154	1,164	995	2,159	1,164	995	2,159

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				17	8	25
Scarlet fever.....				1		1
Influenza.....				13	15	28
Erysipelas.....		1	1	7	16	23
Septicemia and pyemia.	1		1	10	4	14
Dysentery.....				8	18	26
Malarial affections.....					3	3
Syphilis.....					5	5
Tuberculosis.....	17	14	31	212	201	413
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus....					1	1
Scurvy, purpura and hæmophilia.....				1		1
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....					1	1
Diseases of the stomach				4	7	11
Diseases of the intes- tines.....	3	9	12	29	93	122
Diseases of the liver....	1		1	7	6	13
Diseases of the peri- toneum.....	2	2	4	7	11	18
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1		1
Diseases of the bronchi.....		2	2	3	9	12
Diseases of the lungs....	21	16	37	165	142	307
Diseases of the pleura...				2	2	4

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the circulatory system:						
Diseases of the pericardium.....				1	1	2
Diseases of the heart....	17	9	26	141	159	300
Arterio-sclerosis.....	5	9	14	20	28	48
Aneurism.....		1	1	2	3	5
Diseases of the blood and ductless glands:						
Hodgkin's disease, Addison's disease and myx- cedema.....				1	1	2
Diseases of the genito- urinary system.....	2	1	3	35	33	68
Diseases of the nervous system:						
Diseases of the nerves.....		2	2		4	4
Diseases of the spinal cord.....				3	4	7
Diseases of the meninges	1		1	15	11	26
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	4	3	7	78	106	184
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia).....				1		1
Epilepsy.....	1	1	2	47	32	79
Mental diseases:						
Exhaustion of acute mental disease.....	23	12	35	248	213	461
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	14	7	21	365	69	434

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
The intoxications; heat-stroke; obesity:						
Opium habit.....				1	1	2
Heat-stroke.....				3		3
Debility of old age.....				157	187	344
Accident.....	1		1	8	3	11
Suicide.....				10	3	13
Surgical and gynecological diseases and diseases of the skin.....					6	6
Malignant new growths or cancer.....	2	2	4	8	21	29
Total.....	115	91	206	1,631	1,427	3,058

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	59	33	92	467	391	858
Maternal branch.....	32	30	62	428	528	956
Paternal and maternal branches.....	9	14	23	149	179	328
Collateral branches.....	18	19	37	426	475	901
No hereditary tendency...	130	109	239	1,789	1,636	3,425
Unascertained.....	69	55	124	1,932	1,569	3,501
Total.....	317	260	577	5,191	4,778	9,969

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	145	113	258	2,496	1,773	4,269
Married.....	133	101	234	2,156	1,968	4,124
Widowed.....	33	42	75	453	953	1,406
Divorced.....	4	4	8	38	40	78
Unascertained.....	2	.....	2	48	44	92
Total.....	317	260	577	5,191	4,778	9,969

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	11	2	13	138	24	162
Academic.....	11	14	25	207	215	422
Common school.....	236	172	408	3,703	3,260	6,963
Read and write.....	25	29	54	271	154	425
Read only.....	14	12	26	239	358	597
No education.....	13	29	42	422	489	911
Unascertained.....	7	2	9	211	278	489
Total.....	317	260	577	5,191	4,778	9,969

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. II
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT					
	Men	Women	Total	Men	Women	Total	Men	Women				
Under one month.....	13	7	20	19	10	29	93	101	194	242	167	409
One to three months.....	12	10	22	13	8	21	151	126	277	222	184	406
Three to six months.....	16	6	22	11	7	18	125	99	224	186	169	355
Six to nine months.....	13	4	17	10	11	21	95	73	168	113	94	207
Nine months to one year.....	2	2	4	3	5	8	58	49	107	99	78	177
One year to eighteen months..	11	13	24	5	11	16	197	126	323	161	146	307
Eighteen months to two years..	3	3	6	6	5	11	44	33	77	76	70	146
Two to three years.....	15	9	24	15	7	22	181	149	330	138	123	261
Three to four years.....	5	10	15	5	3	8	110	108	218	91	105	196
Four to six years.....	9	7	16	8	7	15	140	110	250	103	108	211
Six to ten years.....	6	6	12	7	7	14	101	86	187	121	118	239
Ten to twenty years.....	6	9	15	12	9	21	173	218	391	77	58	135
Twenty years and over.....	4	5	9	1	1	2	147	134	281	2	7	9
Unascertained.....							16	15	31			
Total.....	115	91	206	115	91	206	1,631	1,427	3,058	1,631	1,427	3,058
Average duration of insane life (years and tenths).				8.2	9.8	9				9.38	9.76	9.57

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....					1	1
From 10 to 15 years.....				12	11	23
From 15 to 20 years.....	9	11	20	170	135	305
From 20 to 25 years.....	27	26	53	399	349	748
From 25 to 30 years.....	30	24	54	594	500	1,094
From 30 to 35 years.....	54	27	81	640	517	1,157
From 35 to 40 years.....	36	34	70	655	520	1,175
From 40 to 50 years.....	54	47	101	1,079	990	2,069
From 50 to 60 years.....	49	25	74	766	745	1,511
From 60 to 70 years.....	25	38	63	471	549	1,020
From 70 to 80 years.....	22	23	45	328	339	667
From 80 to 90 years.....	10	4	14	70	113	183
From 90 to 100 years.....	1	1	2	7	9	16
Total.....	317	260	577	5,191	4,778	9,969

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	5	7	53	47	100
From 20 to 30 years.....	14	12	26	308	271	579
From 30 to 40 years.....	27	18	45	328	292	620
From 40 to 50 years.....	22	16	38	264	214	478
From 50 to 60 years.....	14	12	26	156	131	287
From 60 to 70 years.....	4	8	12	49	36	85
From 70 to 80 years.....				6	4	10
Total.....	83	71	154	1,164	995	2,159

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....						
From 15 to 20 years.....				9	9	18
From 20 to 25 years.....	2	1	3	41	43	84
From 25 to 30 years.....	4	2	6	75	56	131
From 30 to 35 years.....	7	6	13	102	83	185
From 35 to 40 years.....	11	7	18	141	91	232
From 40 to 50 years.....	16	16	32	320	226	546
From 50 to 60 years.....	25	10	35	291	237	528
From 60 to 70 years.....	23	17	40	295	299	594
From 70 to 80 years.....	22	20	42	276	251	527
From 80 to 90 years.....	5	11	16	76	115	191
From 90 to 100 years.....		1	1	5	17	22
Total.....	115	91	206	1,631	1,427	3,058

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	67	37	104
One to three months.....	49	28	77
Three to six months.....	39	30	69
Six to nine months.....	35	24	59
Nine months to one year.....	8	16	24
One year to eighteen months.....	20	18	38
Eighteen months to two years.....	9	5	14
Two to three years.....	12	17	29
Three to four years.....	7	15	22
Four to five years.....	16	11	27
Five to ten years.....	18	15	33
Ten to fifteen years.....	9	16	25
Fifteen to twenty years.....	3	3	6
Twenty to thirty years.....	.....	2	2
Thirty years and upwards.....	.....	4	4
Not insane*.....	5	4	9
Unascertained.....	20	15	35
Total.....	317	260	577

* Includes cases of alcoholism, morphia habit, etc.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	28	26	54
One to three months.....	42	40	82
Three to six months.....	50	40	90
Six to nine months.....	48	44	92
Nine months to one year.....	32	24	56
One year to eighteen months.....	83	82	165
Eighteen months to two years.....	25	26	51
Two to three years.....	79	108	187
Three to four years.....	67	92	159
Four to five years.....	69	64	133
Five to ten years.....	277	387	664
Ten to fifteen years.....	234	216	450
Fifteen to twenty years.....	106	58	164
Twenty to thirty years.....	11	22	33
Thirty years and upwards.....	3	2	5
Total.....	1,154	1,231	2,385

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, sur- veyors, etc.....	13	.....	13	198	.....	198
Commercial:						
Bankers, merchants, ac- countants clerks, salesmen, shopkeepers shopmen, stenogra- phers, typewriters, etc	44	.....	44	760	.....	760
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	39	.....	39	661	.....	661
Mechanics at outdoor voca- tions:						
Blacksmiths, carpen- ters, engine fitters, sawyers, painters, po- lice, etc.....	48	.....	48	864	.....	864
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, weav- ers, tailors, bakers, etc.....	36	.....	36	553	.....	553
Domestic service:						
Waiters, cooks, servants, etc.....	1	58	59	121	1,580	1,701
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	108	108	31	2,269	2,300

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales-						
women, stenogra-						
phers, typewriters,						
etc.....		10	10	.....	78	78
Employed in sedentary oc-						
cupations:						
Tailoresses, se a m-						
stresses, bookbinders,						
factory workers, etc.		25	25	.....	425	425
Miners, seamen, etc.	1	.....	1	17	.....	17
Prostitutes.....		2	2	.....	8	8
Laborers.....	115	.....	115	1,673	.....	1,673
No occupation.....	18	57	75	266	366	632
Unascertained.....	2	.....	2	47	52	99
Total.....	317	260	577	5,191	4,778	9,969

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Africa.....				1		1
Armenia.....				1	1	2
Austria.....	9	4	13	48	29	77
Bavaria.....				1	1	2
Bahama Islands.....				1		1
Bohemia.....				5	2	7
Belgium.....				2		2
Canada.....	3	6	9	75	81	156
Cuba.....				1	6	7
Denmark.....	1	1	2	12	14	26
England.....	12	11	23	159	116	275
Finland.....				4	7	11
France.....	1	1	2	26	20	46
Germany.....	8	9	17	329	376	705
Greece.....	1	1	2	4	1	5
Holland.....				8	4	12
Hungary.....	1	3	4	22	18	40
Ireland.....	40	47	87	707	1,113	1,820
Italy.....	14	2	16	70	26	96
India.....				2	1	3
Japan.....				2		2
Mexico.....				2		2
Norway.....	1		1	8	3	11
New Brunswick.....				1	3	4
Nova Scotia.....				3	3	6
Philippine Islands.....				1		1
Poland.....	1	1	2	28	24	52
Russia.....	4	1	5	50	26	76
Scotland.....	3	3	6	40	40	80
Sweden.....		2	2	18	34	52
Switzerland.....		1	1	18	15	33
Wales.....	1		1	11	8	19
West Indies.....				7	1	8

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States	217	167	384	3,448	2,731	6,179
Unascertained .....	.....	.....	.....	76	74	150
Total	317	260	577	5,191	4,778	9,969

Of the total number admitted since the 1st of October, 1888, the parents of 53.69 per cent were both of foreign birth.

In 4.56 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.4 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....	109	.....	109
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....	35	2	37
Cortland.....			
Delaware.....			
Dutchess.....	99	.....	99
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....	15	.....	15
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	1	.....	1
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	9	.....	9
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....	6	.....	6

HUDSON RIVER STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Queens			
Rensselaer	95		95
Richmond	1		1
Rockland			
St. Lawrence			
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben			
Suffolk			
Sullivan			
Tioga			
Tompkins			
Ulster			
Warren			
Washington	27		27
Wayne			
Westchester	175	2	177
Wyoming			
Yates			
Soldiers' Home	1		1
Total	573	4	577

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	204	263	467	3	3	6
Allegany.....						
Broome.....						
Cattaraugus.....						
Cayuga.....						
Chautauqua.....						
Chemung.....				1		1
Chenango.....						
Clinton.....	1		1			
Columbia.....	64	63	127	1		1
Cortland.....						
Delaware.....		1	1			
Dutchess.....	193	157	350	4	3	7
Erie.....						
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....						
Greene.....	28	34	62			
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	5	3	8	1		1
Lewis.....						
Livingston.....						
Madison.....						
Monroe.....						
Montgomery.....						
New York.....	8	92	100	2	3	5
Niagara.....						
Oneida.....						
Onondaga.....		1	1			
Ontario.....						
Orange.....		3	3			
Orleans.....						
Oswego.....						
Otsego.....						
Putnam.....	24	23	47			

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Queens.....	25	11	36			
Rensselaer.....	199	227	426		1	1
Richmond.....	28	8	36			
Rockland.....	1		1			
St. Lawrence.....						
Saratoga.....	1	3	4			
Schenectady.....						
Schoharie.....	1	2	3			
Schuyler.....						
Seneca.....						
Steuben.....	1		1			
Suffolk.....	10	5	15			
Sullivan.....						
Tioga.....						
Tompkins.....						
Ulster.....	19	23	42			
Warren.....						
Washington.....	37	33	70			
Wayne.....		1	1			
Westchester.....	292	260	552	1	8	9
Wyoming.....						
Yates.....						
Unascertained.....						
Total.....	1,141	1,213	2,354	13	18	31

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE STEWARD

October 1, 1907.

To the Medical Superintendent:

The following report of farm and garden products and farm stock on hand for the year ending September 30, 1907, is respectfully submitted:

FRESH VEGETABLES

Asparagus, bunches	1,160
Beets, bunches	5,719
Beets, bushels	661½
Beet greens, bushels	930
Beans, Lima, bushels	436
Beans, butter, bushels	1,438½
Cucumber, pickles	26,326
Celery, heads	24,953
Cucumbers, bushels	47½
Corn, sweet, ears	53,545
Corn, pop, ears	4,332
Cabbage, pounds	153,737
Cauliflower, heads	15
Carrots, bushels	1,194
Egg plant	1,700
Horseradish, bunches	430
Lettuce, bushels	687½
Mint, bunches	167
Onions, bunches	66,193
Onions, bushels	365½
Potatoes, bushels	221
Parsley, bunches	8,255
Peppers, dozens	2
Peppers, bushels	97½
Parsnips, bushels	265½
Peas, bushels	1,004
Pumpkins, pounds	500
Rhubarb, pounds	4,135

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

Radishes, winter, bushels.....	36
Radishes, bunches	22,882
Squash, pounds	13,235
Salsify, bushels	49½
Swiss chard, bushels.....	269
Spinach, bushels	127
Tomatoes, ripe, bushels.....	2,235½
Tomatoes, green, bushels.....	62½
Turnips, bushels	1,310

FRESH FRUITS

Apples, eating, bushels.....	35
Apples, crab, bushels.....	4
Blackberries, quarts	34
Currants, quarts	910
Cherries, Michigan, bushels.....	½
Grapes, pounds	5,808
Melons, musk	36
Strawberries	3,105

MEATS

Beef, pounds	2,497
Pork, pounds	13,467
Chicken, pounds	22
Liver, pounds	12
Hearts, pounds	14

DAIRY PRODUCTS

Milk, quarts	183,160
Eggs, dozens	380½

GRAIN, HAY AND STRAW

Oats, bushels	495⅔
Hay, pounds	249,992
Straw, rye, tons.....	16
Straw, oat, tons.....	43
Ensilage, pounds	440,640
Corn stalks, tons.....	7

HUDSON RIVER STATE HOSPITAL — ANNUAL REPORT

LIVE STOCK

Horses	32
Cows	68
Heifers, two-year olds	12
Heifers, one-year olds	11
Calves	2
Bulls	3
Hens	110
Pigs	42

THIRTY-SEVENTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

Middletown State Homeopathic Hospital

AT MIDDLETOWN, N. Y.

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1907

BOARD OF MANAGERS

Term expires

NEWBOLD MORRIS, 52 East 72d street, New York city	December 31, 1907
MISS ALICE LARKIN, The Dakota, 1 West 72d street, New York city.....	December 31, 1908
MRS. HARRIET A. DILLINGHAM, 8 West 49th street, New York city.....	December 31, 1909
IRA L. CASE, Secretary, Middletown.....	December 31, 1910
WILLIAM H. ROGERS, President, Middletown.	December 31, 1911
GEORGE B. ADAMS, Middletown.....	December 31, 1912
JAMES B. CARSON, Middletown.....	December 31, 1913

ATTORNEY

HON. JOHN B. SWEZEY.....Goshen

RESIDENT OFFICERS

MAURICE C. ASHLEY, M. D.....	Medical Superintendent
ROBERT C. WOODMAN, M. D.....	First Assistant Physician
GEORGE F. BREWSTER, M. D.....	Second Assistant Physician
ROY E. MITCHELL, M. D.....	Assistant Physician
ARTHUR S. MOORE, M. D.....	Assistant Physician
HARRY V. BINGHAM, M. D.....	Junior Physician
CLARA BARRUS, M. D.....	Woman Assistant Physician
HENRY J. LEONARD	Steward
MRS. LUCY T. JUDSON.....	Matron

MEDICAL INTERNES

NELSON W. THOMPSON, M. D. HARRY C. BALLOU, M. D.
JULIA F. FISH, M. D.

CONSULTING STAFF

Mental and Nervous Diseases

C. SPENCER KINNEY, M. D., Easton, Pa.
WM. MORRIS BUTLER, M. D., 507 Clinton ave., Brooklyn, N. Y.
JOHN E. WILSON, M. D., 616 Madison ave, New York city.

Surgery

EDWARD GERRY TUTTLE, M. D., 61 West 51st st., New York city.
WILLIAM TOD HELMUTH, M. D., 26 East 62d st., New York city.

Ophthalmologist

ARTHUR B. NORTON, 16 West 45th st., New York city.

Laryngology and Rhinology

CHARLES E. TEETS, M. D., 353 Fifth ave., New York city.

Supervisors

WILBER E. COOK.	MISS D. W. COMSTOCK.
MRS. WILBER E. COOK.	MISS IRENE BENJAMIN.

REPORT OF MANAGERS

To the State Commission in Lunacy:

GENTLEMEN.—In compliance with the statutory requirements the Board of Managers of the Middletown State Homeopathic Hospital submit their thirty-seventh annual report of the operation and management of the hospital for the year ending September 30, 1907. The superintendent's report, the statistical tables, the bureau of information, and the industrial reports are also incorporated in the report of the managers.

MEETINGS

The annual meeting of the board was held at the hospital October 11, 1906, at which William H. Rogers, of Middletown, was elected president, and Ira L. Case, of Middletown, secretary.

Regular meetings were held at the hospital each month, excepting May, and a special meeting was held during November, making a total of twelve meetings during the year. The attendance upon the meetings has been very good, and much interest has been manifested in the details of the management of the hospital.

INSPECTIONS

Inspections have regularly been made by the board during each meeting and the condition of the hospital in all its parts, together with the auxiliary buildings and lawns, garden and farm, have been critically examined and found in satisfactory condition from every viewpoint. The members of the board have not limited their inspections to those made during the day upon which meetings were held, but have improved other opportunities to make visits and inspections on unusual and unexpected occasions and have always found everything pertaining to the management of the institution in proper order, the foremost object of the officers and employes being to contribute to the comfort and welfare of the patients intrusted to their care, the general appearance of the patients furnishing evidence that they are carefully looked after, comfortably clothed and well nourished, and that they are given every attention that will contribute to the improvement of their condition.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

NEW BUILDINGS

A new ice house of cement blocks was finished in time to fill with 700 tons of excellent ice, which, together with that from the old ice house, was greatly appreciated during the hot season. The new building for the chronic insane is practically finished and will be ready for occupancy during the early part of 1908. The contractors have carried out their contract in a satisfactory manner, and with the removal of a building standing upon higher ground directly in front of the administration portion of the new building, which will greatly improve the view and also permit the grading to begin at a greater distance from the new building, the front perspective will be greatly improved. The new building will accommodate about five hundred and will certainly soon demonstrate its usefulness in contributing to the comfort of those for whom there is little hope for improvement in their condition. The furnishing and fitting up the new building for occupancy and the transfer of patients to the wards and the increase in the number of patients and employes will make the official year upon which we are entering a busy and interesting one, and we are confidently looking forward to greater achievements resulting from our increased facilities.

PATIENTS

The records of the year as compiled by the superintendent show that there were in the hospital October 1, 1906, 1,308 patients, of whom 596 were men and 712 women; there were received during the year 230 patients, 120 men and 110 women. There were discharged 37 men and 25 women as recovered; 29 men and 24 women as improved; 10 men and 7 women as unimproved; 2 men and 3 women as not insane, and 42 men and 29 women died. There remain under treatment at the end of the year 596 men and 735 women, a total of 1,331 patients.

PERSONAL FREEDOM

The feature of "open wards" in connection with the hospital management has been continued during the year with very satisfactory results. The trusty patients have been permitted to spend much time out of doors and have enjoyed the liberties which have given them an abundance of exercise and fresh air, both of which have been very beneficial. A large number of the

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

patients are rendering very creditable service as helpers upon the farm and garden and in the laundry and work rooms connected with the institution, which is beneficial to the patients and of considerable value to the institution. We are very much pleased with the excellent results obtained from the use of open wards.

MAINTENANCE

The cost of maintaining the hospital for the year ending September 30, 1907, as shown by the Treasurer's report was \$248,537.46.

The following table will show the disbursements under twelve principal headings:

	Annual per capita	Total cost
Officers' salaries	\$13.296	\$17,444 76
Wages	70.607	92,636 27
Provisions and stores	65.389	85,790 08
Ordinary repairs	3.605	4,729 57
Farm and grounds	4.469	5,864 01
Clothing	3.818	5,008 75
Furniture and bedding	5.083	6,669 43
Books and stationery	1.156	1,516 42
Fuel and light	15.555	20,408 65
Medical supplies	1.150	1,508 26
Miscellaneous expenses	4.554	5,974 92
Transportation of patients	.751	985 54
	\$189.434	\$248,537 46

IMPROVEMENTS

On recommendation made by the managers and approved by the State Commission in Lunacy, the Legislature, in 1907, made the following appropriations:

For furniture and equipment new chronic building,	\$26,750 00
For grading and laying walks	700 00
For changing railroad switch	3,000 00
For conducting steam to female nurses' home and two cottages	3,000 00
For new building for nurses' home and furniture . .	81,000 00
For balance required to erect acute building for 100 patients	60,000 00

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Considerable furniture for the new chronic building has already been purchased, and is in readiness to be put in place as soon as the building is completed. Some portion of the grading and walks about the chronic building has been done, but much remains to be done before the work is finished.

The railroad switch has been changed, making a great improvement, and adding very much to its convenience.

Much work has been done during the year in the way of extending walks about the grounds, building a substantial stone fence along New York avenue, and grading and otherwise improving the lands in the rear of the hospital buildings. For a detailed list of work done and improvements made during the year your attention is invited to the superintendent's and industrial reports.

OUR NEEDS AND ESTIMATED COST OF SAME

For increasing height of smokestack.....	\$1,125 00
For additional boilers and to enlarge the boiler house.....	12,000 00
For erecting and equipping work shop and converting basement of amusement hall into dining room.....	8,000 00
For staff house and furniture and equipment for same.....	34,000 00
For grading and walks.....	1,500 00
For day rooms.....	20,700 00
For new piggery.....	4,000 00
To move and remodel carriage house into work shop,	1,500 00
For walk and gutter on Monhagen avenue.....	1,200 00
For concrete block fence, Monhagen avenue.....	1,000 00
For sewing and mending room, etc.....	8,000 00
For enlarging chapel.....	10,000 00
For repairing reservoir.....	500 00
For heating nurses' home and farmer's cottage...	3,000 00
For additional lights on grounds and outside new building.....	2,200 00
For the purchase of 203-acre farm adjacent.....	15,225 00

For reasons for making the foregoing recommendations you are respectfully referred to the superintendent's report. The Board of Managers, however, beg to urge the procurement of additional

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

land in the interest of economy. It is found that by utilizing the services of trusty and able-bodied patients of the institution, vegetables are produced from the garden and farm at much less cost than otherwise obtainable, and we also find that we have patient help sufficient to do considerable more of that kind of work if we had the land to cultivate. In our institution we have found the liberal use of good, pure milk productive of excellent results. At present our dairy furnishes about one-fifth of the milk used, and after opening the new chronic building, which will be ready for occupancy during the coming winter, the portion produced will be reduced to about one-eighth. It would be to the interest of the hospital to produce a much larger proportion. The farm now obtainable is in good state of cultivation, and is well divided between natural bottom meadow and plow land and is well watered by springs and small streams.

CONCLUSION

We desire to iterate our expression of gratitude to the officers and members of the State Commission in Lunacy for courtesies shown and valuable suggestions made, and it is with pleasure that we acknowledge the interest the Commissioners manifest in the permanent betterment of our institution.

We also heartily commend the officers and employes of the hospital for the creditable and faithful manner in which they have discharged their every duty. The economical management of all institutions similar to ours depends largely upon the intelligent watchfulness of those interested in the procurement of supplies, and fortunate, indeed, is that institution which has that position well filled. Middletown State Homeopathic Hospital is fortunate. We think that we have just cause for pride in the excellent management of every department of the institution.

Respectfully submitted,

(Signed) NEWBOLD MORRIS
HARRIET A. DILLINGHAM
ALICE LARKIN
JAMES B. CARSON
IRA L. CASE
WILLIAM H. ROGERS
GEORGE B. ADAMS

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

REPORT OF THE MEDICAL SUPERINTENDENT

To the Board of Managers:

LADIES AND GENTLEMEN.— I have the honor of presenting to you the thirty-seventh annual report of the medical superintendent of the Middletown State Homeopathic Hospital for the year closing September 30, 1907. With this report will also be found the treasurer's report, the statistical tables, the reports of the chiefs of departments, and the bureau of information.

Concerning the movement of the patient population of the hospital for the year, I would respectfully refer you to the following table:

	Men	Women	Total
Remaining October 1, 1906.....	596	712	1,308
Admitted during the year ending September 30, 1907	120	110	230
On original commitments:			
From residences	117	105	222
From county houses on original commitments	1	1	2
By transfers from other institutions for the insane	2	4	6
Total number under treatment during the year	716	822	1,538
Daily average population	593	719	1,312
Capacity of institution	597	625	1,222
Discharged during the year:			
As recovered	37	25	62
As improved	29	24	53
As unimproved	10	7	17
As not insane	2	3	5
Died	42	28	70
Whole number discharged during the year	120	87	207
Remaining October 1, 1907.....	596	735	1,331

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PERCENTAGES

Percentage of recoveries on number admitted.....	27.71
Percentage of recoveries on daily average population...	4.86
Percentage of recoveries on whole number treated.....	4.10
Percentage of recoveries on number discharged.....	29.78
Percentage of recoveries on number discharged, exclusive of deaths, inebriates and transferred.....	49.20
Percentage of deaths on number admitted.....	31.00
Percentage of deaths on daily average population.....	5.48
Percentage of deaths on whole number treated.....	4.63
Percentage of deaths on number discharged.....	33.59

ADMISSIONS AND DISCHARGES

Of the 230 admissions during the year defective heredity is assigned as the cause in 14 men and 23 women, total 37, being 16.09 per cent of the total admissions. Worry is claimed as the cause of the insanity of 8 men and 17 women, or 10.87 per cent of the total admissions. It thus appears that women are either less able to withstand the ill effects of worry, or that they have more than double the worry than do men. Intemperance in the use of alcohol is said to have caused the insanity of 23 men and 1 woman, or 10.07 per cent. Defective constitution was at fault in 10 men and 10 women, or 8.68 per cent. Physical diseases are assigned as the cause in 1 man and 13 women, or 6.09 per cent. Syphilis is charged with causing the insanity of 7 men, or 3.08 per cent; while change of life is said to have caused insanity in 7 women, or 3.00 per cent. Arteriosclerosis is responsible for the insanity of 4 women and 8 men, or 5.22 per cent. Spiritualism and religious excitement caused 3 women and 4 men to become insane. Of other assigned causes, 2 were from grief, 1 from over-study, 1 from morphine and cocaine, 5 from epilepsy, 2 from Huntington's chorea, 4 from domestic trouble, 2 from childbirth, 2 from scarlet fever, 3 from traumatism, 1 from tuberculosis, 3 from disappointment in love, 3 from masturbation, 1 from la grippe, 1 from typhoid fever, 4 from overwork, 5 from old age. The causes in 25 men and 7 women, total 32, or 13.91 per cent, could not be ascertained.

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The diagnoses of these 230 admissions are as follows:

	No. of cases	Per centum
Dementia præcox	39	or 16.91
Dementia præcox, allied to	8	or 3.05
Manic-depressive insanity	28	or 12.17
Manic-depressive insanity, allied to.....	7	or 3.00
Paranoic conditions	24	or 10.07
Involuntional melancholia	15	or 6.52
Involuntional melancholia, allied to.....	5	or 2.17
Senile psychosis	17	or 7.39
Psychoses, accompanying other nervous disorders,	16	or 6.95
Alcoholic psychosis	15	or 6.52
General paresis	12	or 5.22
Depression insufficiently distinguished	8	or 3.47
Epileptic psychosis	6	or 2.61
Constitutional inferiority	5	or 2.17
Psychasthenia	4	or 1.74
Hysterical psychosis	3	
Imbecility	4	or 1.74
Traumatic psychosis	1	
Morphinism	1	
Infective exhaustion psychosis	1	
Infective exhaustion psychosis, allied to.....	1	
Unclassified	5	or 2.17
Not insane	5	or 2.17

Dementia præcox and allied conditions claim the largest number, or about 20 per cent of the admissions. The greater number of these cases will undoubtedly become chronic, as is well known, but few patients suffering from dementia præcox recover. Manic-depressive insanity furnishes 12.17 per cent, and allied conditions 3.00 per cent. It is but fair to assume that most of these patients will recover, or that they will improve sufficiently to justify their discharge from the hospital. That most of them will, however, be subsequently admitted to a similar institution as insane is probable. Of the eighty-four cases suffering from paranoic conditions, senile psychosis, general paresis, epileptic psychosis, constitutional inferiority, imbecility and psychoses accompanying other nervous disorders, it is very doubtful if any will recover. In the other cases some improvement may reasonably be expected.

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Of the 230 patients admitted, 69 were more than 50 years of age. Of this number 33 were past 60, 17 were more than 70, and 7 were more than 80 years of age.

As appeared in table No. 1, 207 patients were discharged during the year, this number being 13 less than last year; 62 of this number were recovered, as against 78 last year; 53 were much improved, several, however, manifesting only very slight symptoms, but enough to preclude their discharge as recovered; 1 of these patients was deported to Russia, and 1 was transferred to another hospital for the insane; 17 were considered safe to be discharged to the custody of friends, though they showed no mental improvement; 5 were, after careful observation and examination, found not to be insane and were discharged; 70 died.

Of the 62 patients discharged as recovered during the year 17 had been insane from one to three months, 11 from three to six months, 6 from six to nine months, 3 one year, and 8 two years and over, the average duration of insanity prior to admission being 11 months. Of the whole number discharged nearly 30 per cent were recovered.

Seventy patients died during the year as against 64 the previous year, with about the same number treated. The death rate on the whole number treated is 4.63 per cent, and 5.48 per cent on the daily average population; 43 of these patients had been under treatment in the hospital more than two years, 37 more than three years, 33 more than four years, 26 more than six years, and 21 more than ten years.

Of the 70 patients who died 50 were more than 50 years of age. Of this number 38 were more than 60, 19 were past 70, and 7 were more than 80 years of age.

SUICIDES

I regret to have to report that at six o'clock in the morning of January fifth, Mr. A. D., Case No. 6279, was found dead in his room. Some time between four and six o'clock the patient had carried to his room a pail of water, and, putting his head into the water, caused death by drowning. As soon as the body was discovered physicians were sent to the ward who performed artificial respiration for a half hour, when it was recognized that further efforts at resuscitation would be fruitless. The coroner was notified and came to the hospital, viewed the body, interviewed the night watchman, the attendant and physicians, and rendered a verdict to the effect that the patient came to his death

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by voluntary drowning. He exonerated the hospital from blame in connection with the matter.

I also regret to have to report that on September fifteenth Mr. B. K., Case No. 4482, committed suicide by wading out in a little ice pond in the rear of the hospital and lying down in the water, which was but two feet deep. The body was discovered by another patient, who immediately reported to the office, and three physicians responded at once. The body was cold and life extinct when examined by the physicians. The coroner was summoned to examine the body on the same afternoon. He ordered an autopsy and rendered a verdict in accordance with the facts. The patient was not considered suicidal. The diagnosis was mania chronic. He had been in the institution on four previous occasions, and was admitted the last time on August 10, 1895, and had been a patient continuously since that date. He had worked in the laundry several years, and since June 26, 1905, had had a parole of the grounds.

MEDICAL CONFERENCES

We have continued to hold staff meetings daily, Sundays excepted. This custom was established during the winter of 1902-3, and it has been continued to date, with growing interest and usefulness. In addition to the presentation of the histories of all cases admitted, and, usually, a personal examination of the patients by the staff, all matters pertaining to the ward service that are of importance are brought up for consideration.

The question of treatment of each case is considered, and, in fact, all medical problems in connection with the service are thoroughly considered at these meetings. That the service has been improved by these daily conferences needs no argument.

The quarterly conferences between the State Commission in Lunacy, the hospital managers, the hospital superintendents, the medical inspector, and the director of the Pathological Institute have furnished excellent opportunities for the interchange of ideas and experiences concerning hospital work. At each meeting one or more papers dealing with important medical and administrative matters have been read and freely discussed by those present. These meetings have been of real help to me in administering the affairs of this hospital.

Through the courtesy of the State Commission in Lunacy two members of the medical staff of this hospital attended the annual

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meeting of the American Medico-Psychological Association in Washington, D. C., last spring. This opportunity to meet with a large number of others engaged in similar work, to hear papers read on psychiatric subjects, and to listen to the discussion that followed was of real help in our work.

MEDICAL PAPERS

During the year the following medical papers have been prepared by members of the hospital staff:

By Dr. M. C. Ashley, "Some Suggestions Concerning the Home Care and Commitment of the Insane." "The Homeopathic Treatment of the Insane."

By Dr. R. C. Woodman, "Hysterical Insanity and its Bearing on Current Conceptions of Insanity." "Insanity in Orange County, New York." "General Paresis and the Family Physician."

By Dr. George F. Brewster, "Present Methods Employed in Psychiatry at the Middletown State Homeopathic Hospital." "Brief Report of Four Cases of Huntington's Chorea."

By Dr. R. E. Mitchell, "The Tuberculosis Problem in the Hospital for the Insane." "A Case of Diffuse Cerebral Sclerosis." "Two Cases of General Paresis of Long Duration."

By Dr. A. S. Moore, "Report of Three Cases of Pachymeningitis Interna with Extensive Hemorrhage."

By Dr. N. W. Thompson, "Report of Two Cases of Alcoholic Psychosis."

OPERATIONS

With our well-equipped surgical pavilion we are better prepared than ever to offer surgical relief to all cases requiring operation. During the past year the following operations were performed by the medical staff of this hospital. (This table does not include numerous minor operations which have been performed from time to time):

	Good	Improved	Unimproved	Died
Curettage of uterus, 10 cases,	10	.....	.....	.....
Hysterectomy for uterine fibroids, 4 cases.....	3	.....	.....	1
Hysterectomy for tuberculosis of uterus, 1 case.....	1			
Exploratory laparotomy, 1 case.....	1			

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	Good	Improved	Unimproved	Died
Perineorrhaphy, 1 case.....	1			
Herniotomy (inguinal) Bas- sini, 4 cases.....	4			
Herniotomy ventral, 1 case..	....	.....	.....	1
Amputation of breast (Kocher) for carcinoma, 1 case....	*1	.....	.....	.....
Removal of large bolt from appendical abscess, 1 case,	1	.....	.....	.....
Excision of lipoma, 2 cases..	2	.....	.....	.....
Excision of fibrosarcoma of tongue, 1 case.....	1	.....	.....	.....
Excision of necrosed bone from inferior maxilla, 1 case.....	....	.....	1	.....
Excision of wens, 1 case....	1	.....	.....	.....
Excision of papilloma of eye- lid, 1 case.....	1	.....	.....	.....
Excision of hemorrhoids (clamp and cautery), 3 cases.....	3	.....	.....	.....
Excision of varicose veins, 2 cases.....	2	.....	.....	.....
Ligature of varicose veins, 3 cases.....	3	.....	.....	.....
Excision of necrosed bone from terminal phalanx in- dex finger, 1 case.....	1	.....	.....	.....
Skin grafting for extensive burn of palm of hand, 1 case.....	....	.....	1	.....
Suture of median and ulnar nerves, 1 case.....	....	.....	1	.....
Prostatectomy (prostatic cal- culi), 1 case.....	....	1	.....	.....
Internal urethrotomy, 1 case,	1			
External urethrotomy, 1 case,	1			
Total.....	38	1	3	2

*No return of growth.

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CONTAGIOUS AND INFECTIOUS DISEASES

Ten cases of erysipelas occurred among the patients during the year, two women and eight men. One case of senile dementia with marked restlessness died from exhaustion following the disease, the remaining nine recovered.

Four cases of measles occurred among the women patients, and three women attendants contracted the same disease. All recovered rapidly. One woman attendant contracted typhoid fever in October (1906), recovering in November (1906).

Each case was quarantined as much as possible under existing facilities, and, the quarters after being vacated, were thoroughly fumigated. During the coming year we hope to have a special pavilion erected in which to care for our contagious cases, the appropriation for the building having already been secured.

Of the 1,331 patients resident in the hospital there are 16 men and 34 women, a total of 50, who are tubercular, being 3.82 per cent of the total patient population — not a large percentage, we believe, when compared with a like number of people living outside of the hospital. These patients are isolated as much as possible and special effort is made to keep them under as favorable hygienic conditions as is obtainable. Careful attention is paid to their nutrition as well as to hygiene and medication.

PATHOLOGICAL AND LABORATORY WORK

The interest in this work has been even more keen than in previous years. Forty-six autopsies have been performed, 65 per cent of those who died.

Eight brains have been referred to the Pathological Institute: Two of atypical general paresis, one of cerebral syphilis, one of epilepsy and four of cerebral arteriosclerosis.

The bulk of our autopsy material was of especial interest from the general medical standpoint, neurological material was relatively scarce.

The great preponderance of arteriosclerotic findings is explained by the fact that more than half of those who died were past sixty years of age. Catarrhal pneumonia was frequently observed in the older patients. Two cases showed an extensive hemorrhagic pachymeningitis. The cases of general paresis showed the usual gross picture and plasma cell infiltration. One case of paresis of over twenty-two years' duration was of particu-

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lar interest. One case of cerebral syphilis was allowed to pass as general paresis until it reached the autopsy table. A case diagnosed clinically as involuntional melancholia, developed rather poorly defined symptoms of central neuritis and died on the twelfth day. Many of the cortical cells showed fairly typical axonal alteration, but a good many were in a fair state of preservation. A child, prematurely born of a paretic mother who had had syphilis, died of marasmus on the twenty-ninth day. Practically all of the pancreas and scattered areas of both lungs showed an extensive connective tissue over-growth suggestive of syphilis. Two laparotomy cases which died within the first week showed very marked acute parenchymatous changes in the heart, liver and kidneys, suggesting that perhaps the chloroform used in anesthesia had something to do with the unfortunate outcome. Two cases dying of pulmonary tuberculosis showed a widespread secondary infection, a common finding in our cases. One case, clinically considered cured, showed active microscopic tubercular lesions in the scar mass at the apex of the lung. Three cases showed a pyemic condition. In all a definite local infection was found or traced. Our facilities did not permit a thorough bacteriological examination of this material.

Substantial additions to the collection of gross and microscopic specimens have been made from this material. An attendant, recently detailed to laboratory duty, will very shortly be able to take a great deal of the routine work off the hands of the staff men.

During the year 469 specimens of urine mostly 24-hour specimens), 23 specimens of blood and pus, 43 specimens of sputum, and 80 specimens of operative material have been examined. Twenty-five lumbar punctures were performed. All but one of the paretic patients gave a positive lymphocyte reaction on first examination, and that one was positive on second examination.

The pork raised on the farm was examined for trichinae, and 6 out of 281 hogs (2 per cent) were found infected.

MEDICAL TREATMENT

We have continued to follow the laws and principles of homeopathy in the selection of medicines for our patients. Before a prescription is made the patient is carefully examined and the remedy selected according to the totality of the symptoms presented. Hypnotic and narcotic medicines are never prescribed

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as such, nor is any remedy used for its physiological effects. In fact, we are governed in the selection and administration of drugs by Hahnemann's law of similars. The hospital was established by law as a homeopathic institution, and no other system or practice of medicine has ever been made use of, officially or otherwise, by the medical staff; nor can we legally do so under existing laws. Nor is there any desire to do so, for, surely, a comparison of results of the treatment at this hospital with similar institutions, will furnish ample evidence of the success of homeopathic treatment of the insane. I am pleased to acknowledge that the State Commission in Lunacy has been entirely fair and very liberal in granting all our requests for pharmaceutical preparations.

This general statement is made here to place on record an official denial of statements to the contrary which have been freely made among the homeopathic physicians of this State.

SPECIAL TREATMENT

The woman assistant physician and the woman medical interne have given much careful attention to all gynecological cases during the year. As the result of 542 gynecological examinations 10.7 per cent of the cases were referred for operation and 30.2 per cent received local treatment. Either pathological conditions or malformations were found in 91 per cent of the cases examined. These pelvic disorders are classified as follows:

UTERUS

Uterine prolapse, first and second degree.....	98
Uterine prolapse, complete procidentia.....	4
Vertical positions	50
Retroversions	141
Anteversions	19
Retroflexions	14
Anteflexions	4
Lateral flexions	2
Cervical lacerations	34
Endocervicitis	80
Endometritis	101
Uterine prolapse	19
Tubercular uterus	1

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Hysterectomy	2
Uterine fibroids	2
Elongated cervix	3

VAGINA

Vaginitis	17
Vaginal adhesions	18
Vaginal septum (horizontal)	2
Pessary found in vagina, presence unknown to patient . . .	1
Prolapse of anterior vaginal wall	1
Cystocele	6
Rectocele	8
Rectovaginal fistula	1

VULVA

Rudimentary conditions of the different genital organs . . .	16
Elephantiasis of labia majora	1
Hypertrophy of labia majora	3
Hypertrophy of labia minora	36
Hypertrophy of hood of clitoris	8
Kraurosis vulvae	5
Warts, cysts, and small tumors	4
Perineal lacerations, incomplete	84
Perineal lacerations, complete	2

URETHRA

Caruncles	10
Prolapsus, congestion and dilatation	17

RECTUM

Hemorrhoids	36
Rectal prolapse	3
Fecal impaction	2

ABDOMEN

Tumors	9
Fecal impaction	3
Hernia, oblique inguinal	2
Hernia, umbilical	2
Dislocation of coccyx	1

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Dr. Woodman, the first assistant physician, has, as in the past, attended to the examination of all patients presenting eye symptoms. The eyes of forty-two patients have been examined and fitted with glasses, and twenty-two examinations for purposes of diagnosis have been made, besides re-examinations of each class. The glasses of resident patients have been kept in repair, and renewed and altered as required.

All simple extractions of teeth have been done by the medical officers of the hospital. The special work, such as filling, making and fitting of plates, bridge work, etc., has been done by local dentists, engaged for the purpose as occasion demanded.

EMPLOYMENT OF PATIENTS

As has been the custom, we have endeavored to keep as many as possible of our able-bodied patients employed a portion of each day at some useful task. The work has been very varied. Each working patient has been assigned to a task for which he appeared to be best suited, always taking into consideration his physical and mental condition, and the results we desired to attain. Special effort has been made to train some of the large number of idle and destructive patients in useful employment. In several instances we have been very successful, and in others we have failed to accomplish as much as we desired and hoped for.

The percentage of patients employed is 32.59. These patients work on the farm, the wards, in the garden, the greenhouses, the boiler house, the carpenter, machine and tailor shops, the laundry, the sewing rooms, the dining rooms, and the kitchen.

Unfortunately, we have no industrial building in which we might teach many of the patients trades, such as broom, brush, shoe, and mattress making, chair caning, weaving, etc. We are, however, on another page, requesting an appropriation of sufficient funds to raze the old coach house and to rebuild it on another site, to be used as an industrial building.

TRAINING SCHOOL

In compliance with the law we have continued to maintain a training school for nurses and attendants. The school opened in September, 1906, and continued until May, 1907. At the beginning there were twenty-eight juniors and nine seniors. At the close there were but thirteen juniors and seven seniors, the others

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having dropped out during the year. Seven seniors took the final examination and all passed. Of the juniors who took the examination all passed but four. Those who passed were: Lulu E. Baxter, Nellie Bull, Mattie M. Decker, Grace Elmendorf, Ingeborg Johanneson, Clara L. Lybolt, Danforth Razey, Mary S. Thom, Francis J. Wilson.

The graduating exercises were held on August twentieth in the amusement hall of the hospital. The program of the exercises, together with the names of the graduates, is as follows:

Music

Address to the Graduates.....Mr. Ira L. Case
Secretary of the Board of Managers

Music

Presentation of Diplomas.....Dr. Robert Carlile Woodman
First Assistant Physician

Music

Administration of the Oath to the Graduates.....
Dr. Maurice Cavileer Ashley
Superintendent

Refreshments

Dancing.

Graduates — Lida M. Albee, Lillian E. Bryant, Anga Conklin, George L. Gifford, Frances G. McCormick, Elizabeth H. McMorrow, Michael J. Shealey.

THE GRADUATE'S OATH

“I do solemnly swear that to the best of my knowledge and ability I will practice and adhere to the precepts of the Art of Nursing for the benefit of my patients, and will abstain from whatever is wrong or unworthy. I swear loyalty to the institution in which I received my training, and to my present and future employers. Furthermore, I solemnly swear that into whatsoever homes I may enter I will labor for the benefit of the sick, and that whatever I shall see or hear in these households which ought not to be spoken of, I will not divulge. I will endeavor to carry with me an atmosphere of cheerfulness and patience, and will try to make service to others the dominant motive of my life.”

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At the present time we have 22 men and 17 women graduates of our training school employed in this hospital in various capacities. Since 1889 there have been graduated a total of 146 nurses. Of this number 116 have left the service, the largest number of whom have engaged successfully in general nursing, which offers better remuneration than does the hospital service.

PHYSICIAN AT THE PATHOLOGICAL INSTITUTE

During the early part of the year Dr. Woodman attended a course of lectures at the Pathological Institute and made very careful and complete notes. These were later typewritten and copies furnished to the other members of the staff.

CONFERENCE OF HOSPITAL PHYSICIANS

On June 14-15, 1907, a meeting of physicians of the State hospitals in the southeastern end of the State was held at this institution. There were present Dr. Adolf Meyer, director of the Pathological Institute, and three of his assistants, Dr. Macy and Dr. Dewing, superintendents of the Kings Park and the Long Island State Hospitals, respectively, and assistant physicians from the Hudson River, Manhattan, Kings Park, and Central Islip State Hospitals. The meeting was presided over by the superintendent of this hospital. Dr. Campbell, of the Pathological Institute, presented a paper on "Arteriosclerosis and Mental Disorders." Dr. Dunlap, of the institute, offered a *résumé* of the "Pathological Anatomy of General Paralysis," with reports of cases sent to the Institute from this institution. Dr. Lambert, also of the Institute, presented a paper on "Pathological Anatomy and Cerebro-arteriosclerosis." The last two papers were illustrated with the stereopticon. Besides these papers, members of the medical staff of this hospital presented cases in which arteriosclerosis played an important part, and cases of unclassified depression. Dr. Moore, assistant physician, read a paper on "Three Cases of Pachymeningitis Interna Hemorrhagica with Extensive Hemorrhage," and Dr. Woodman, first assistant physician, read a short paper on the "Orange County Insane."

The meeting proved to be very instructive and interesting. Several of the physicians of this hospital have during the year attended similar meetings at other hospitals in this State. All such meetings have been helpful in clearing up some of the many psychological problems which are constantly presenting themselves.

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AMUSEMENTS AND ENTERTAINMENTS

Animal Circus — Ponies and Monkeys.

Hallowe'en Carnival and Dance.

Sixth Annual Bal Masque.

Entertainment by Thirty-five Children — Marches, Songs, etc., under the direction of Miss Myrta Gibbs.

Vaudeville — Twelve Performers — Champlin Stock Company.

Christmas Reception and Dance, Christmas Trees, Refreshments.

New Year's Reception and Dance.

Boxing Match — Waizeneggar Bros.

Comedy Drama — "The Deacon" — Otisville Dramatic Club.

Readings and Vocal Entertainment.

The Earl Burgess Dramatic Company, from Stratton Theatre.

"Tommie" Shearer Company, from Stratton Theatre, in Vaudeville.

Washington's Birthday Reception.

Hadley's High-class Motion Pictures.

Professor George E. Garretson, Novelty Entertainer.

Special After-Easter Dance.

Meyer Stock Company — Dog Circus and Vaudeville.

The Old Maids' Convention.

Farce Comedy — "All Charley's Fault."

Tragedy — "Olga."

Farce — "Twenty Minutes under an Umbrella" — Local Talent.

Neapolitan Quartette — Stringed Instruments. On wards for the sick.

"Reveries of a Bachelor" — Local Talent.

Spectacle — Balloon Ascension on grounds near Hospital, witnessed by a large number of patients.

Leighton's Moving Pictures.

Comedy — "Higbie of Harvard" (in three acts) — Local Talent.

Fourth of July Celebration — Band Concert — Twenty-fourth Separate Company Military Band; Ball Game; Italian Fireworks.

Trolley Rides and Visit to Forepaugh & Sells Circus — Party of 253.

Trolley Rides and Visit to the Orange County Fair — Party of 300.

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Neapolitan Trio. On wards for the sick.

Murray & Mackey Stock Company, from Stratton Theatre, in Vaudeville.

Four Games of Football.

Sleighriding Parties, for all patients able to go, on three occasions.

Carriage Rides for 130 Convalescent Patients.

Regular Weekly Dances.

Phonographic Concerts.

Regular Church Services — Catholic and Protestant.

Outdoor Games — Tennis and Croquet.

ADDITIONS TO PATIENTS' LIBRARY

Six hundred and fifty-one bound books have been added to the patients' library during the past year, 385 by purchase and 266 by gift, and 101 unbound books. Mr. James F. Tuthill presented 240 books, Mr. F. S. P. Crane 57, and others donated from one to three.

MEDICAL JOURNALS

Below is a list of the medical journals subscribed for and regularly received during the year:

Journal of Nervous and Mental Diseases, Albany Medical Annals, New England Medical Gazette, American Journal of Medical Sciences, Hahnemannian Monthly, Medical Century, American Journal of Insanity, North American Journal of Homeopathy, Medical Record, Journal of Abnormal Psychology, Trained Nurse and Hospital Review, Alienist and Neurologist.

MEDICAL BOOKS

The following books have been purchased for the medical library:

Clinical Study of Blood Pressure, Manual of Psychiatry, Text-Book of Psychiatry, Alterations in Personality.

CHANGES IN MEDICAL STAFF

Dr. Arthur S. Moore was promoted from the position of junior physician to that of assistant physician October 1, 1906.

Dr. Harry V. Bingham was promoted from medical interne to junior physician October 1, 1906

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Dr. Julia F. Fish served temporarily as woman physician from October first to October fifteenth, and was appointed medical interne November 15, 1906.

Dr. John W. Dowling was appointed clinical assistant December 25, 1906, and resigned June 1, 1907.

IMPROVEMENTS MADE DURING THE YEAR

The addition to the laundry has been completed, and we have installed the heating and lighting equipment.

A new line of pipe has been run to the refrigerating apparatus, to furnish water for cooling purposes, and a new four-inch cast-iron pipe has been laid from the water main to the chronic building, the storeroom elevator and the kitchen, which obviates the necessity of pumping water for use in these places.

The refrigerating apparatus has been overhauled and cleaned.

The new tile floor in the kitchen has been completed.

The scullery floor has been replaced with cement, and two worn-out wooden sinks have been replaced with wrought-iron ones.

New shelving with iron pipe frames has been placed in the scullery.

The steam and hot water pipes in the kitchen have been covered, and new hoods over the kettles and two ventilating flues have been put in.

A new Tobey heater has been installed in Annex No. 2, to replace an iron hot-water tank that had become useless.

The reducing valve in the main subway has been overhauled and repaired.

The rewiring for electric lights in Talcott Hall, Annexes 1 and 2, and the chapel has been completed.

Six new water closets have been installed in Talcott Hall to replace six unsanitary closets.

An old, decayed and unsafe wooden floor in the cow stable has been removed and replaced by cement, and iron stanchions have been put in in place of the old wooden ones.

About 400 feet of old stone wall along New York avenue has been relaid and finished with cement coping.

The drive through the grove in the rear of the buildings has been raised about a foot.

A new icehouse of about 800 tons capacity has been erected with cement blocks near the new ice pond, and a road made to it.

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A cellar has been dug for the new horse barn, and the roadway to the barn laid out and partly completed.

A large ventilating flue has been placed in the laundry.

The work of moving the Erie switch and trestle has been begun.

Two cottages have been connected with the water main, so that the water for use in these buildings does not now have to be pumped.

NEEDS FOR THE COMING YEAR**SMOKESTACK**

Since the present smokestack was built we have added three boilers to the heating and power plant, making a total of eight connected with the new stack, which now proves to be too low to furnish sufficient draught. The dimensions of the stack are 100 feet by seven feet, and it was intended to care for but five boilers. Under the present conditions it is frequently necessary to use blowers in order to maintain a working steam pressure. Twenty-five feet should be added to the height of the stack to overcome this difficulty.

It is next to impossible to remove the accumulation of soot from the main flue unless all boilers are shut down. This cannot well be done; hence we should have a connection between the main flue and the old stack which would enable us to use part of the boilers while the large main flue is being cleaned.

The Alphons Custodis Chimney Construction Company has made two propositions; one to add twenty-five feet to the stack while it is in use for \$1,120, and the other to add twenty-five feet when the stack is not in use and is cool for \$825, making a difference in favor of having the work done while the stack is cool of \$295, which is within five dollars of the estimated cost of a permanent connection with the old stack. Therefore, we request an appropriation of \$825 for adding twenty-five feet to the new smokestack, and \$300 for a connection between the main flue and the old stack, making a total of \$1,125.

BOILERS AND BOILER HOUSE

The new chronic pavilion is located on a hill and exposed to the winter winds. To heat this building properly we secured an appropriation for two 180-horse-power boilers. The State Architect disapproved of the 180-horse-power boilers, and two 150-horse-power boilers were installed, which are insufficient. In severe

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

winter weather we have no reserve boiler capacity to put in use, and in view of the fact that additional work is soon to be exacted from the plant by the erection of a building 800 feet from the boiler house for the acute insane, and a new nurses' home about 400 feet away, both to be heated from the central plant, we should install at least two more 150-horse-power boilers. To make room for them and to provide coal bunkers, it will be necessary to enlarge the boiler house. The addition should be of brick walls and slate roof to correspond with the present building, twenty-two feet by fifty-four feet. The total cost of this increase in the heating and power plant is estimated at \$12,000.

STEAM HEATING

The nurses' home for men and the farmer's house should be connected with the steam supply of the new chronic building. The heaters in these buildings are old, and unless the change is made they must soon be replaced by new ones. To make the change in the method of heating these buildings we will require \$3,000.

CONGREGATE DINING ROOM

To facilitate the delivery of food to the employes in an economical and at the same time in a more appetizing manner, we should convert the basement of the amusement hall into a congregate dining room. The nurses and attendants are now required to take their meals in the dining rooms with the patients or eat in the pantries or serving rooms. To make this change it will be necessary to erect a new workshop for the engineers, carpenters and painters. To erect this shop, to equip it, to make the necessary changes in the basement of the amusement hall, and for equipment as a dining room, we shall require \$8,000.

Additional and more comfortable accommodations for the medical staff of this hospital have long been greatly needed. Several of the medical officers are now occupying quarters which were intended for the patients and are needed by them; others are occupying rooms on officers' hall. If a suitable staff house is provided, we will have additional accommodations for at least twenty-five patients, several additional rooms for offices, and a medical library. As is well known, it is difficult for all of the hospitals to secure and to retain in the service a sufficient number of desirable physicians, and it is believed that if more comfortable and homelike quarters could be furnished the staff at this hospital we

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

would have less difficulty in securing and retaining in the service a full medical staff. We, therefore, request an appropriation of \$34,000 for a staff house and for necessary furniture and equipment.

GRADING

Last year we asked for an appropriation of \$1,700 for grading for roads and walks about the new chronic building, and secured an appropriation of but \$700. This amount is entirely inadequate for the purpose, as must be obvious when the fact is considered that the first floor of this building is nearly fifteen feet below the grade but 125 feet away from the center, and about ten feet below the grade twenty-five feet from the building at another point. To complete this work, and for grading and walks about the new acute building and the nurses' home, we should have an appropriation of \$1,500.

DAY ROOMS

We would again urge an appropriation for day rooms for Annexes 1 and 2. These buildings are very much crowded. There are 134 patients in Annex No. 1 and 169 patients in Annex No. 2, making a total of 303 patients in the two buildings — about seventy-five more than the buildings can comfortably accommodate. One hundred of these patients are in bed. There is but little sitting or day room accommodations in either of these buildings; in fact, aside from their bed rooms, stair landings, and lavatories, there are no accommodations for patients who are up and dressed. An appropriation of funds to erect day rooms adjoining each of these buildings is earnestly urged, in order that we may be enabled to obtain relief from this condition. These additions should be three stories in height with basement, twenty-five feet wide and forty feet long, the length to correspond with the present buildings. To erect these buildings, and for suitable screens, plumbing and furnishing, the estimated cost of each is \$10,000, total \$20,000.

For day rooms for the infirmary patients of Wards 11 and 12, the sum of \$700 should be appropriated.

PIGGERY AND SLAUGHTER HOUSE

At the west end and but 275 yards away from the chronic building the piggery is located. There are usually about 300 head of swine in these pens, and as the prevailing winds are from

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the west the odors from the pens are going to prove offensive and annoying to those who will occupy the new building. These pens are out of repair and could not be put in proper condition without considerable expense. They should be removed, and the grove in which they are now located could be used as recreation grounds for the 500 patients who will occupy the new building. The old pens can be torn down and new ones erected, by using as much of the old material as possible, for \$4,000. This would enable us at the same time to provide a slaughter house, which has been in the past and will be in the future greatly needed.

INDUSTRIAL SHOP

Within 125 feet and directly in front of the center of the administration portion of the new building for chronic patients there is a large carriage house and horse stable, which, as such, is offensive because of its odors, is unsightly, and will not only obscure the view of and from the new building, but also interfere greatly with proper grading about the new building, the floor of the carriage house being fourteen feet and nine inches above the level of the first floor of the chronic building, and, as stated above, but 125 feet away. We would urge an appropriation of sufficient funds to raze this building and rebuild it on a new foundation at the northeast end of the chronic building, where it can be readily connected with steam from the power plant and used for an industrial shop. \$1,000 has been appropriated to convert this stable into an industrial building, and if we can secure an additional \$1,500 we shall, with the \$2,500, be able to move the building to a new site for the purpose stated.

WALK AND GUTTER

A walk and gutter should be laid on Monhagen avenue along the hospital grounds from the hospital gate to the city limit, a distance of about 1,650 feet. A portion of the walk is flagged and guttered along the hospital property, as is also that of adjoining property south. This part of the hospital property is on a hill, and with cinders it is difficult, indeed almost impossible, to keep the walk in repair, each heavy rain washing it badly. For this purpose we believe \$1,200 would be sufficient.

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FENCE

The necessity for a wall or fence on Monhagen avenue is apparent to all who are familiar with the location of the hospital. Last year we asked for an appropriation for the fence for the following reasons: The hospital is in the city limits; a trolley line ends at a point about the center of the hospital grounds on this street, large numbers of passengers are brought to this point daily, more especially on Sundays and in the summer, enter the grounds at any point, mingle with the patients and cause much annoyance thereby. On Sundays the privacy and rest all concerned are entitled to cannot be had. The necessity for this fence becomes the more apparent now that the new acute pavilion is to be erected within about 150 feet of the street. Patients seeing no obstruction are tempted to and do leave the grounds and wander away. A substantial concrete block fence could be constructed largely by patient labor and in keeping with the dignity of the State for \$1,000.

LAUNDRY ENLARGEMENT AND EQUIPMENT

To provide a sewing and mending room, a toilet and cloak room, a power elevator, an outside stairway from the second floor of the laundry building to the ground (to be used as a fire-escape, there being but one stairway to the second floor of this building, and this leads directly to the first floor of the laundry, making it difficult in case of fire to get a large number of patients out safely), new machinery in connection with the laundry, and a slate roof on the building, \$8,000 is requested.

AMUSEMENT HALL

We again urge an appropriation to enlarge our chapel and beg leave to quote from last year's report the reasons for this request. "With an increased population of nearly 500 patients since the erection of the chapel and amusement hall, this building now proves to be much too small. It was erected when we had less than a thousand patients, we now have an average of about 1,300, and, with the prospect of soon increasing the hospital population by about 500 more, it will prove entirely inadequate for the purposes for which it was designed. The size of the amusement hall, not including the stage and vestibule, is 80 x 45 feet. An

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addition of twenty-five feet on the stage end would, we believe, be sufficient for our present and prospective needs. I am informed by an architect that this addition could be made for about \$10,000."

RESERVOIR

To remove a portion of the stone and cement reservoir, which is no longer needed in its present size, is badly out of repair, in the way and unsightly, and to repair the portion (about one-third) which is needed, we shall require \$500.

LIGHTING GROUNDS

For additional lights on the grounds and about the outside of the new chronic building, the acute pavilion, and the nurses' home, we shall probably require \$2,200.

FARM

The hospital capacity having been increased to 1,800 from 1,222, and an appropriation secured for another building to accommodate 100 more patients, making a total capacity of 1,900, we shall in the future, and do now, need much more farm land, not only to furnish helpful, but profitable occupation for more of our patients. Of the present 281 acres we can till but about ninety, the remainder being occupied by buildings or used for lawns, groves and meadows. It is possible to purchase an adjoining farm for seventy-five dollars an acre, which is a very reasonable price for the land. This farm consists of 200 acres and some farm buildings, which are in very fair repair. The 200 acres, including the farm buildings, can be purchased for \$15,225. That this amount may be secured for the purchase of this farm we earnestly hope.

ACKNOWLEDGMENTS

Again, I desire to express my appreciation of the fair and generous manner in which the State Commission in Lunacy has at all times considered matters pertaining to this hospital.

The managers have made frequent visits to the institution, and have manifested an increasing knowledge of and interest in the hospital. They have stinted neither criticism nor commendation when they have deemed either merited.

The hospital has also been repeatedly visited by the medical inspector, and, he has, as usual, carefully inquired into all mat-

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

ters pertaining to his duties. To him I am indebted for helpful suggestions.

To the officers and employes of the hospital who have been faithful in the performance of duty, I am under renewed obligations, realizing fully that to them belong the credit for that measure of success which we have attained during the past year.

The hospital was visited and inspected by Mr. and Mrs. Paul Tuckerman, Mr. D. C. McMonagle, and Mr. H. Kinney Wilcox, representatives of the State Charities Aid Association, in October, 1906, and by Miss Mary Vida Clark, assistant secretary of the State Charities Aid Association, in September, 1907.

Other distinguished visitors were: Senator John C. R. Taylor, Assemblyman W. George Hastings, Dr. Oliver M. Dewing, Dr. Wm. Austin Macy, Dr. C. Spencer Kinney, Dr. Adolf Meyer.

The entire graduating class of the New York Homeopathic Medical College, together with Dr. Wm. Morris Butler, visited the hospital on March sixteenth for a clinic in psychiatry, which has been the custom for many years.

The clergy of Middletown have continued to hold religious services in our chapel on each Sunday during the year, and the choirs of the various churches have furnished music during religious services.

We are under renewed obligations to the editors and proprietors of the following publications for bestowing upon our patients during the past year their respective publications:

Middletown Times-Press, Middletown Argus, Independent Republican of Goshen, Warwick Advertiser, Gazette of Port Jervis, Catholic World Magazine, Goshen Democrat, Babylon Signal, Walton Chronicle-Times, Bath Advocate, Dispatch of Warwick, Kingston Leader, Morningside Mirror, Edinburgh, Scotland; Orange County News, Steuben Courier, The Designer.

All of which is respectfully submitted.

MAURICE CAVILEER ASHLEY,

Medical Superintendent

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

REPORT OF TREASURER

FINANCIAL STATEMENT

October 1, 1906, to September 30, 1907

Receipts

Balance October 1, 1906:

Salaries	\$186 06
Wages	146 42
Supplies	3,250 74
From Comptroller for salaries.	17,300 00
From Comptroller for wages.	92,489 85
From Comptroller for supplies.	135,205 69
From reimbursing patients.	15,625 70
From private patients.	37,079 72
Interest	47 15
From steward's sales.	884 07
From attorney's return.	50 00
From Comptroller — special funds.	144,680 91
Total receipts	<u>\$446,946 31</u>

Disbursements

For salaries	\$17,444 76
For wages	92,636 27
For provisions and stores.	\$85,790 88
For ordinary repairs	4,729 57
For farm and grounds.	5,864 01
For clothing	5,008 75
For furniture and bedding	6,669 43
For books and stationery.	1,516 42
For fuel and light.	20,408 65
For medical supplies	1,508 26
For miscellaneous expenses	5,974 92
Transportation of patients.	985 54
	<u>138,456 43</u>

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Extraordinary improvements, chap. 702, Laws '05,	\$12,060 07
Extraordinary improvements, chap. 686, Laws '06,	129,076 75
Extraordinary improvements, chap. 564, Laws '07,	3,357 01
Extraordinary improvements, chap. 578, Laws '07,	187 08
Remitted State Treasurer, chap. 580, Laws '99...	53,686 64

Total disbursements	\$446,905 01
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Balance September 30, 1907.....	\$41 30
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SPECIAL ACCOUNT

Receipts

Balance October 1, 1906 (held to protect lien)....	\$2,403 59
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Disbursements

For final payment on vouchers Nos. 11 and 34a, chapter 540, Laws 1903.....	\$2,403 59
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CARROLL F. SMITH,

Treasurer State Hospitals

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	596	712	1,308
Admitted during year ending September 30, 1907.....	120	110	230
On original commitments:			
From residences.....	117	105	222
By transfers from county houses.....	1	1	2
By trans. from other institutions for insane.....	2	4	6
Total number under treatment during year..	716	822	1,538
Daily average population.....	593	719	1,312
Capacity of institution.....	597	625	1,222
Discharged during year:			
As recovered.....	37	25	62
As improved.....	29	24	53
As unimproved.....	10	7	17
As not insane.....	2	3	5
Died.....	42	28	70
Whole number discharged during year.....	120	87	207
Remaining October 1, 1907.....	596	735	1,331

TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening	April 1874
Total acreage of grounds and buildings.....	281
Value of real estate, including buildings.....	\$1,256,300 00
Value of personal property.....	85,000 00

Receipts during the year, maintenance fund:

Balance on hand October 1, 1906.....	\$3,583 22
From State treasury for maintenance on estimates 1 to 12, inclusive.....	244,995 54
From private patients.....	37,079 72
From reimbursing patients.....	15,625 70
From all other sources.....	981 22
Total receipts for maintenance.....	\$302,265 40

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Continued)

Balance October 1, 1906.....	\$2,403 59
Total receipts from State Commission in Lunacy for extraordinary improvements.....	144,680 91
Total	<u>\$147,084 50</u>
Disbursements during year for maintenance:	
Estimate No. 1 For officers' salaries.....	\$17,444 76
Estimate No. 2 For wages	92,636 27
Estimate No. 3 For provisions and stores...	85,790 88
Estimate No. 4 For ordinary repairs.....	4,729 57
Estimate No. 5 For farm and grounds.....	5,864 01
Estimate No. 6 For clothing of patients....	5,008 75
Estimate No. 7 For furniture and bedding..	6,669 43
Estimate No. 8 For books and stationery...	1,516 42
Estimate No. 9 For fuel and light.....	20,408 65
Estimate No. 10 For medical supplies.....	1,508 26
Estimate No. 11 For miscellaneous expenses,	5,974 92
Estimate No. 12 For transportation	985 54
Total disbursements, estimates 1 to 12, in- clusive	\$248,537 46
To State treasury receipts.....	53,686 64
Total	<u>\$302,224 10</u>
Balance on hand October 1, 1907.....	41 30
	<u>\$302,265 40</u>
Balance October 1, 1906, to State treasury.....	\$2,403 59
Total disbursements during year for extraordi- nary improvements under apportionments by State Commission in Lunacy.....	144,680 91
Total disbursements during year.....	<u>\$147,084 50</u>
Balances October 1, 1907.....	<u>\$41 30</u>

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (*Concluded*)

Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3,643 00
Maximum rate of wages paid attendants:	
Men	\$42 25
Women	36 00
Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 10
Proportion of night attendants to average daily population	1 to 49
Percentage of daily patient population engaged in some kind of useful occupation.....	32.60
Estimated value of farm and garden products during year	\$12,330 51
Estimated value of articles made or manufactured by patients during year.....	3,850 00

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TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEP- TEMBER 30, 1907			INHERITED PREDISPO- SITION.			Unascer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	3	7	10	....	1	1	....
Mental strain, worry and overwork (not included in above)..	15	22	37	1	7	8	2
Religious excitement..	1	3	4	....	....	....	....
Love affairs (including seduction).....	2	3	5	....	1	1	....
Physical:							
Intemperance.....	28	1	29	2	....	2	2
Veneal diseases.....	4	....	4	1	....	1	....
Masturbation.....	10	1	11	3	....	3	1
Sunstroke.....	1	....	1	1	....	1	....
Accident or injury....	3	1	4	....	....	....	....
Parturition and puer- perium.....	....	2	2	....	....	....	....
Change of life.....	....	9	9	....	4	4	....
Fevers.....	1	1	2	....	....	....	....
Privation and over- work.....	....	1	1	....	....	....	....
Epilepsy.....	2	4	6	1	....	1	....
Old age.....	8	8	16	2	1	3	....
Epidemic influenza...	1	....	1	....	....	....	....
Abuse of drugs.....	3	....	3	1	....	1	....
All other bodily dis- orders and ill health	11	16	27	2	3	5	....
Hereditary.....	4	19	23	4	19	23	....
Unascertained.....	21	9	30	3	....	3	2
Not insane.....	2	3	5	....	....	....	....
Total.....	120	110	230	21	36	57	7

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	15	7	.....	49	35	.....
General paralysis.....	12	.....	11	46	.....	31
Senile insanity.....	17	2	30	65	3	76
Epilepsy with insanity.	6	.....	1	21	2	12
Imbecility, idiocy with insanity.....	4	1	.....	9	4	.....
Other psychoses.....	171	52	28	506	181	95
*Not insane.....	5	.....	.....	11	.....	.....

* Includes cases of alcoholism, drug habit, etc.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Erysipelas	1	1	2	12	4	16
Septicemia and pyemia	1	1	2	3	2	5
Dysentery					3	3
Tuberculosis	3	1	4	30	25	55
Anthrax					2	2
Constitutional diseases:						
Rheumatism (or rheumatic affections)					1	1
Diabetes mellitus and diabetes insipidus				3	3	6
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus	1		1	1		1
Diseases of the stomach	1		1	4	6	10
Diseases of the intestines	1	1	2	11	33	44
Diseases of the liver				2	1	3
Diseases of the peritoneum		1	1		3	3
Diseases of the respiratory system:						
Diseases of the nose and larynx					2	2
Diseases of the bronchi				11	4	15
Diseases of the lungs	8	6	14	45	56	101
Diseases of the pleura				4		4
Diseases of the circulatory system:						
Diseases of the heart	4	3	7	39	40	79
Arterio-sclerosis	2	4	6	9	8	17
Aneurism				1		1
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia				1		1

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands— <i>Con.</i>						
Hodgkin's disease, Addison's disease and myx- œdema.....				1		1
Diseases of the genito- urinary system.....	3	4	7	27	20	47
Diseases of the nervous system:						
Diseases of the nerves..	1		1	1	1	2
Diseases of the spinal cord.....				3		3
Diseases of the meninges				1	2	3
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage, and other gross lesions).....	1		1	76	60	136
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia).....				2	1	3
Epilepsy.....				7	8	15
Mental diseases:						
Exhaustion of acute mental disease.....	1		1	48	37	85
Exhaustion of chronic mental disease.....	2		2	209	126	335
General paralysis of the insane.....	9	2	11	152	30	182
The intoxications; heat stroke, obesity:						
Heat stroke.....				4	1	5
Debility of old age.....				3	3	6
Accident.....				4	1	5
Suicide.....	2		2	9	3	12

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Surgical and Gynecological diseases and diseases of the skin.....	1	1	2	1	4	5
Malignant new growths or cancer.....		3	3	9	20	29
Total.....	42	28	70	733	510	1,243

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	9	15	24	205	245	450
Maternal branch.....	9	14	23	250	311	561
Paternal and maternal branches.....		2	2	29	37	66
Collateral branches.....	3	5	8	143	196	339
No hereditary tendency..	95	71	166	1,649	1,517	3,166
Unascertained.....		3	7	147	151	298
Total.....	120	110	230	2,423	2,457	4,880

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	59	47	106	1,172	961	2,133
Married.....	45	50	95	1,031	1,142	2,173
Widowed.....	15	10	25	196	334	530
Divorced.....	1	3	4	14	16	30
Unascertained.....				10	4	14
Total.....	120	110	230	2,423	2,457	4,880

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	3	1	4	121	36	157
Academic.....	12	16	28	216	313	529
Common school.....	84	75	159	1,760	1,805	3,565
Read and write.....	15	9	24	80	69	149
Read only.....	3	2	5	51	45	96
No education.....	3	7	10	112	116	228
Unascertained.....				83	73	156
Total.....	120	110	230	2,423	2,457	4,880

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT			
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	6	2	8	9	1	10	90	70	160
One to three months.....	4	2	6	4	1	5	73	71	144
Three to six months.....	3	3	6	1	..	1	80	40	120
Six to nine months.....	4	..	4	1	2	3	65	32	97
Nine months to one year.....	..	..	..	..	2	2	20	24	44
One year to eighteen months.....	6	3	9	1	3	4	85	52	137
Eighteen months to two years.....	1	..	1	1	1	2	21	17	38
Two to three years.....	8	6	14	3	3	6	73	41	114
Three to four years.....	4	1	5	1	3	4	41	35	76
Four to six years.....	3	2	5	5	2	7	41	30	71
Six to ten years.....	1	2	3	2	3	5	45	26	71
Ten to twenty years.....	..	3	3	10	6	16	42	24	66
Twenty years and over.....	..	1	1	4	1	5	17	20	37
*Not insane.....	..	..	..	..	..	..	3	1	4
Unascertained.....	2	3	5	..	..	..	37	27	64
Total.....	42	28	70	42	28	70	733	510	1,243
Average duration of insane life (years and tenths).....				8.7	9.8	8.8			
				3.9	4.1	4.0			

*Includes cases of alcoholism, drug habit, etc.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....					2	2
From 10 to 15 years.....				11	8	19
From 15 to 20 years.....	5	5	10	105	78	183
From 20 to 25 years.....	17	4	21	250	196	446
From 25 to 30 years.....	14	9	23	273	275	548
From 30 to 35 years.....	9	12	21	274	302	576
From 35 to 40 years.....	19	17	36	307	286	593
From 40 to 50 years.....	22	29	51	487	579	1,066
From 50 to 60 years.....	18	17	35	320	390	710
From 60 to 70 years.....	8	8	16	239	194	433
From 70 to 80 years.....	4	6	10	121	115	236
From 80 to 90 years.....	4	3	7	34	29	63
Unascertained.....				2	3	5
Total.....	120	110	230	2,423	2,457	4,880

TABLE No. 13

Showing ages of those discharged recovered during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	.....	2	51	50	101
From 20 to 30 years.....	6	4	10	179	229	408
From 30 to 40 years.....	9	9	18	200	224	424
From 40 to 50 years.....	11	4	15	202	216	418
From 50 to 60 years.....	5	8	13	100	138	238
From 60 to 70 years.....	3	.....	3	57	53	110
From 70 to 80 years.....	1	.....	1	25	13	38
Over 80 years.....				1	2	3
Total.....	37	25	62	815	925	1,740

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					2	2
From 15 to 20 years.....				5	2	7
From 20 to 25 years.....	1		1	16	7	23
From 25 to 30 years.....				30	15	45
From 30 to 35 years.....	3		3	55	26	81
From 35 to 40 years.....	6		6	71	35	106
From 40 to 50 years.....	3	6	9	144	101	245
From 50 to 60 years.....	6	7	13	135	102	237
From 60 to 70 years.....	7	6	13	129	94	223
From 70 to 80 years.....	11	7	18	108	96	204
From 80 to 90 years.....	5	2	7	39	27	66
Over 90 years.....				1	3	4
Total.....	42	28	70	733	510	1,243

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	19	12	31
One to three months.....	15	24	39
Three to six months.....	23	15	38
Six to nine months.....	9	6	15
Nine months to one year.....	4	6	10
One year to eighteen months.....	11	6	17
Eighteen months to two years.....	5	3	8
Two to three years.....	11	5	16
Three to four years.....	5	5	10
Four to five years.....	5	6	11
Five to ten years.....	4	13	17
Ten to fifteen years.....	3	3	6
Fifteen to twenty years.....	2	1	3
Twenty to thirty years.....	1	1	2
*Not insane.....	2	3	5
Unascertained.....	1	1	2
Total.....	120	110	230

* Includes cases of alcoholism, morphia habit, etc.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	8	7	15
One to three months.....	20	19	39
Three to six months.....	17	29	46
Six to nine months.....	15	20	35
Nine months to one year.....	12	8	20
One year to eighteen months.....	28	35	63
Eighteen months to two years.....	18	27	45
Two to three years.....	27	48	75
Three to four years.....	26	33	59
Four to five years.....	24	38	62
Five to ten years.....	99	145	244
Ten to fifteen years.....	142	151	293
Fifteen to twenty years.....	113	123	236
Twenty to thirty years.....	45	50	95
Thirty years and upwards.....	2	2	4
Total.....	596	735	1,331

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	2	.....	2	145	14	159
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	25	.....	25	488	7	495
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	22	.....	22	381	.....	381
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc..	12	.....	12	224	.....	224
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	11	.....	11	294	1	295
Domestic service:						
Waiters, cooks, servants, etc.....	2	12	14	46	236	282
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....		67	67	32	1,580	1,612

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales- women, stenograph- ers, typewriters, etc..	.....	4	4	.....	45	45
Employed in sedentary oc- cupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	1	7	8	16	132	148
Miners, seamen, etc.....	1	.....	1	20	.....	20
Prostitutes.....	.....	.....	.....	.....	1	1
Laborers.....	37	.....	37	548	.....	548
No occupation.....	7	20	27	222	431	653
Unascertained.....	.....	.....	.....	7	10	17
Total.....	120	110	230	2,423	2,457	4,880

MIDDLETOWN STATE HOMOEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	102	86	188	1,932	1,965	3,897
England.....	2	3	5	64	51	115
Ireland.....	4	9	13	174	201	375
Germany.....	3	6	9	131	125	256
France.....				8	13	21
Scotland.....	1		1	14	16	30
Canada.....				11	13	24
Switzerland.....		1	1	9	5	14
Italy.....				12	7	19
Bavaria.....				3		3
Prussia.....				3	2	5
Bohemia.....				1	8	9
Sweden.....	1	1	2	12	13	25
Saxony.....				1		1
Poland.....	2	1	3	8	3	11
Austria.....	1	2	3	7	6	13
Russia.....	2		2	6	9	15
China.....				1		1
Japan.....				1		1
Isle of Man.....					1	1
New Brunswick.....				1	1	2
Central America.....		1	1		2	2
Wales.....				2	1	3
Hungary.....	1		1	3	6	9
India.....				3		3
Australia.....				2		2
Holland.....				3		3
Cuba.....				1		1
Norway.....					3	3
Denmark.....				1	1	2
Armenia.....				2		2

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Table No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Syria.....	1		1	1	1	2
Honolulu.....					1	1
Belgium.....					1	1
Unascertained.....				6	2	8
Total.....	120	110	230	2,423	2,457	4,880

Of the total number admitted since the 1st of October, 1888, the parents of 31.90 per cent were both of foreign birth.

In 2.26 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.97 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....	1		1
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....	2		2
Dutchess.....			
Erie.....		1	1
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	4	3	7
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	1		1
New York.....	6	6	12
Niagara.....			
Oneida.....	3	1	4
Onondaga.....	1		1
Ontario.....			
Orange.....	100	4	104
Orleans.....			
Oswego.....			
Otsego.....			

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

Table No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....	1		1
Rockland.....	20		20
St. Lawrence.....			
Saratoga.....	1		1
Schenectady.....	1		1
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	1		1
Sullivan.....	13	3	16
Tioga.....			
Tompkins.....			
Ulster.....	47	4	51
Warren.....			
Washington.....	1	2	3
Wayne.....		1	1
Westchester.....	2		2
Wyoming.....			
Yates.....			
Soldiers' home.....			
Total.....	205	25	230

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	8	6	14			
Allegany.....						
Broome.....	1		1			
Cattaraugus.....						
Cayuga.....		1	1		1	1
Chautauqua.....		1	1			
Chemung.....	3	1	4			
Chenango.....	1	1	2			
Clinton.....						
Columbia.....		1	1		1	1
Cortland.....						
Delaware.....	3	20	23		1	1
Dutchess.....	1	1	2		2	2
Erie.....		1	1			
Essex.....						
Franklin.....						
Fulton.....	1	1	2	1		1
Genesee.....						
Greene.....		2	2		1	1
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	23	27	50	6	9	15
Lewis.....						
Livingston.....	1		1			
Madison.....		2	2		1	1
Monroe.....		2	2		2	2
Montgomery.....	1	1	2			
Nassau.....	1	1	2			
New York.....	54	80	134	20	35	55
Niagara.....						
Oneida.....	1	1	2	2	1	3
Onondaga.....	4	3	7		2	2
Ontario.....						
Orange.....	172	195	367	11	15	26
Orleans.....						
Oswego.....						
Otsego.....						
Putnam.....	1		1			

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Table No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Wmen	Total	Men	Women	Total
Queens.....	15	15	30	3	1	4
Rensselaer.....	1	1	2	2	.....	2
Richmond.....	6	10	16	.....	2	2
Rockland.....	48	54	102	2	3	5
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	4	5	9	.....	.....	.....
Schenectady.....	.....	2	2	1	.....	1
Schoharie.....	1	1	2	.....	.....	.....
Schuyler.....	.....	.....	.....	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....
Steuben.....	.....	.....	.....	.....	1	1
Suffolk.....	28	27	55	1	1	2
Sullivan.....	44	52	96	2	1	3
Tioga.....	.....	5	5	.....	.....	.....
Tompkins.....	.....	.....	.....	.....	.....	.....
Ulster.....	103	103	206	5	9	14
Warren.....	.....	1	1	.....	.....	.....
Washington.....	2	8	10	2	1	3
Wayne.....	1	.....	1	.....	.....	.....
Westchester.....	8	11	19	.....	1	1
Wyoming.....	.....	.....	.....	1	1	2
Yates.....	.....	.....	.....	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....
Total.....	537	643	1,180	59	92	151

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 21

Forms of Mental Disease for Those Admitted During the Year

FORMS		Men	Women	Total
2	Traumatic insanity.....	1	.....	1
	Psychosis accompanying other nervous diseases:			
3	a. Gross brain lesions.....	1	1	2
	b. Brain syphilis.....	1	.....	1
	c. Arterio sclerosis.....	8	3	11
	d. Huntington's chorea.....	.....	2	2
4	Senile insanities.....	7	10	17
5	General paralysis.....	10	2	12
6	Alcoholic psychosis.....	15	.....	15
7	Morphinism, Cocainism, etc.....	1	.....	1
8	Infective exhaustive psychosis.....	1	.....	1
9	Allied to infective exhaustive psychosis.....	.....	1	1
10	Depressions not sufficiently distinguished.....	1	7	8
13	Melancholia, involutional.....	3	12	15
	Allied depressions.....	1	4	5
15	Paranoic conditions.....	8	16	24
16	Dementia praecox.....	21	18	39
17	Allied to dementia praecox.....	8	.....	8
18	Manic depressive insanity:			
	First attack.....	3	3	6
	Second attack.....	6	1	7
	Third attack.....	1	.....	1
	Fourth attack.....	1	2	3
	Fifth attack.....	2	2	4
	Sixth attack.....	1	2	3
	Eighth attack.....	.....	1	1
	Ninth attack.....	.....	1	1
	Sixteenth attack.....	1	.....	1
	Eighteenth attack.....	.....	1	1
19	Allied to manic depressive insanity.....	4	3	7
20	Constitutional inferiority.....	2	3	5
	Psychasthenia.....	3	1	4
21	Hysterical insanity.....	.....	3	3
22	Epileptic insanities.....	2	4	6
23	Imbecility.....	3	1	4
24	Not classified.....	2	3	5
25	Not insane.....	2	3	5
Total.....		120	110	230

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 22

Statistical table for national conference of charities and correction

POPULATION	Men	Women	Total
Number of inmates present at beginning of fiscal year.....	596	712	1,308
Number received during the year.....	120	110	230
Number discharged or died during the year..	120	87	207
Number at end of the fiscal year.....	596	735	1,331
Daily average attendance (i. e. number of inmates actually present) during the year.	593	719	1,312
Average number of officers and employes during the year.....			268

EXPENDITURES

Current expenses:

1 Salaries and wages	\$110,081 03
2 Clothing	5,008 75
3 Subsistence	85,790 88
4 Ordinary repairs	4,729 57
5 Office, domestic and outdoor expenses.....	42,927 23
Total	\$248,537 46

Extraordinary expenses:

1 New buildings, land, etc.....	\$130,191 15
2 Permanent improvements to existing buildings,	15,238 77
Total	\$145,429 92
Grand Total	\$393,967 38

THIRTY-SEVENTH ANNUAL REPORT

OF THE

BUFFALO STATE HOSPITAL

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30TH, 1907.

THIRTY-SEVENTH ANNUAL REPORT OF THE MANAGERS OF THE BUFFALO STATE HOSPITAL

To the State Commission in Lunacy:

GENTLEMEN.—The Managers of the Buffalo State Hospital herewith present their report for the year ending September 30, 1907.

Very respectfully,

WILLIAM C. KRAUSS, M. D.

MRS. TRACY C. BECKER

MRS. WALTER PLATT COOKE

NATHAN WOLFF

JOHN T. DARRISON

GEORGE H. KENNEDY

H. A. MELDRUM

OFFICERS

Managers

WILLIAM C. KRAUSS, M. D., President.....	Buffalo
MRS. TRACY C. BECKER, Secretary.....	Buffalo
MRS. WALTER PLATT COOKE.....	Buffalo
NATHAN WOLFF	Buffalo
JOHN T. DARRISON.....	Lockport
GEORGE H. KENNEDY.....	Buffalo
H. A. MEDRUM.....	Buffalo

Resident Officers

ARTHUR W. HURD, M. D.....	Superintendent
HENRY P. FROST, M. D.....	First Assistant Physician
GEORGE G. ARMSTRONG, M. D.....	Second Assistant Physician
JOSEPH B. BETTS, M. D.....	Assistant Physician
EDWARD G. ALDRICH, M. D.....	Assistant Physician
GEORGE W. GORRILL, M. D.....	Assistant Physician
B. ROSS NAIRN, M. D.....	Assistant Physician
HELENE KUHLMAN, M. D.....	Woman Physician
WILLIAM W. WRIGHT, M. D.....	Junior Assistant Physician
PAUL B. BROOKS, M. D.....	Junior Assistant Physician
JOHN C. CALHOUN, M. D.....	Medical Interne
JOHN E. CULP.....	Steward

Ophthalmologist

DR. F. PARKE LEWIS

Dentist

DR. C. A. BRADSHAW

THIRTY-SEVENTH ANNUAL REPORT OF THE BOARD OF MANAGERS OF THE BUFFALO STATE HOSPITAL

The Board of Managers of the Buffalo State Hospital herewith submit their report for the year ending September 30, 1907.

The Managers have met each month during the year at the hospital in formal meeting, and have transmitted their reports regularly to the Governor as required by law.

On October 1, 1906, the census was as follows:

Men	782
Women	927
Total	1,709

which was much in excess of our capacity. By the transformation of the second and third floors of the Administration building into dormitories, 150 beds for the use of women patients were gained, making our capacity 1,828. In November we had transferred to us from the Long Island State Hospital at Brooklyn, N. Y., fifty women patients, and from the Manhattan State Hospital, Ward's Island, New York city, twenty-five women patients, which, with our own excess population, nearly filled the added capacity.

At the first meeting of the year, a list of requests for special appropriations was prepared and forwarded to the State Commission in Lunacy. Of the different items asked for, favorable action by the Legislature was secured on the following:

Plumbing renewals in dining-rooms, bath-rooms, closets, etc.

New tuberculosis building.

New hydrotherapeutic apparatus, women's wards, Elmwood building.

Owing to the late adjournment of the Legislature, funds for the items requiring plans and specifications were considerably delayed and the plans have only recently been completed, the delay probably being caused also in part by the death of the State Architect,

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Mr. G. L. Heins. We hope soon to advertise for bids for plumbing renewals and the tuberculosis pavilion. We were sorry to be unable, during the past session of the Legislature, to secure funds for a refrigerator plant, coal conveyor, railroad track-scales, for fitting up the shops for tailoring and shoemaking, for a concrete top on the tunnel conveying steam mains, and for cement walks for the women's portion of the grounds, but trust that these will be more favorably regarded the coming year.

The managers have held their regular monthly meetings, and have at other and irregular times visited the wards, dormitories, day-rooms, kitchens, dining-rooms and store-rooms generally, and have also visited the institution during entertainments in the evening. We have found the food uniformly good, well served, and the wards comfortable. Many of us have made it a practice to visit the institution at unstated intervals, not only to see the wards but to see individual patients, and the number of recorded visits to the hospital by managers during the past year has been fifty-two.

We are also pleased to be able to record that the work of the Training School has been done so efficiently that the Educational Department of the State Board of Regents has, during the year, registered the school, so that the pupils on passing the required examination will now be eligible to use the initials "R. N." (Registered Nurse).

On the first of October, 1907, the actual census was

Men	803
Women	1,039
Total	1,842

while thirty-three patients were out on parole, making 1,875, and the capacity was 1,828. It is, therefore, evident that if serious overcrowding is to be avoided, some relief will have to be obtained.

In the list of recommendations for special appropriations for the coming year will be found requests, which, if granted, will increase the capacity and relieve the overcrowding to a certain extent. By constructing additional rooms in the Elmwood building for acute cases, and sun-rooms opening from Ward 25 for men patients, we will gain about twenty-five beds.

We feel that the standard of care has been maintained in the institution, notwithstanding that there has been some diminution in the amount of money appropriated for conducting the institu-

BUFFALO STATE HOSPITAL — ANNUAL REPORT

tion this past year. Where curtailment has had to take place, it has been in furnishing, etc., rather than in the more essential matters, such as food, clothing and heating.

The Board of Managers has been ready at any time to participate in any work of after-care when called upon to do so by the Superintendent or medical officers. Fortunately, their efforts so far have been mainly supervisory. The custom of the hospital, which discharges most, if not all, patients on thirty-day parole with frequent reporting to the officers as to the care and progress of those on parole, enables them to keep such close supervision over the welfare and condition of the patients after they leave the hospital, that very little work has been necessary. Instances where homes have been found by officers or employes of the institution for discharged patients, or where employment, etc., has been obtained, have been reported to us regularly.

Attached is a list of requests for special appropriations for different items for the coming year with a brief note with reference to the reasons for each:

SPECIAL APPROPRIATION REQUESTS, 1907-8

NEW BUILDING OR ALTERATIONS

	Estimated cost.
Industrial and store-room	\$600 00
For fitting up an attic for tailor and shoe shops, thus giving more room for the engineering, steam fitting and plumbing departments.	
Additional rooms and dining-rooms, Elmwood building	8,300 00
To provide dining-rooms for certain wards in the Elmwood building, never provided for in this respect, and to give accommodations for single room patients of the acute class, not upon or in the main ward. An improvement very necessary to increase our facilities for taking care of the acute and noisy.	
Additional verandas, Wards 3, 4, 5 and 6	2,700 00
To enable men patients to have the use of piazzas, etc., when too feeble to go walking or when the weather is too inclement. A duplication of the verandas in use for many years on the women's wing.	

BUFFALO STATE HOSPITAL—ANNUAL REPORT

Estimated cost.

Sun-rooms, Ward 25, for tubercular men.....	\$1,400 00
---	------------

To provide enclosable rooms on upper verandas for male cases of tuberculosis; no separate provision now exists. This would not only make admirable provision for tubercular cases, but will provide about fifteen beds for the institution at a cost of about \$100 per bed. This veranda dormitory system is in practical use in the Government Hospital in Washington, and is, in principle, applied generally in sanitariums for tuberculosis.

New house for steward	6,500 00
-----------------------------	----------

Present house unsuitable from age and location.

Rebuilding green-house	760 00
------------------------------	--------

Wooden frame work becoming decayed; requires frequent repairs, and the roof should be rebuilt.

MACHINERY

Refrigerator plant	15,500 00
--------------------------	-----------

To enable us to manufacture ice; store butter and eggs, instead of hiring it done, and to give us better facilities. The year before last our bill for ice alone was practically \$2,800.

Additional dynamo and engine.....	3,400 00
-----------------------------------	----------

Additional dynamo to supplement present electric lighting plant, which is practically run to its capacity.

Changing steam and exhaust mains.....	1,100 00
---------------------------------------	----------

Made necessary by preceding item.

Additional switchboard	800 00
------------------------------	--------

Made necessary by above.

Stoker for 150 H. P. boiler.....	800 00
----------------------------------	--------

For the one boiler which is unprovided with a stoker. This would be a saver of coal and prevent smoke.

Coal conveyor	3,500 00
---------------------	----------

To make it possible to receive self-dumping coal cars, and by the use of the conveyor, save the patients and employes shoveling coal in the open in winter.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

	Estimated cost.
Railroad track-scales	\$1,500 00
To enable us to weigh coal cars.	
Handkerchief mangle, 75 inches, for underwear	300 00
To increase facilities for ironing in the laundry.	

FIXTURES

Additional electric light chandeliers, men's wards	350 00
To adequately light the men's wards, which have never been sufficiently lighted; hardly enough, in fact, for reading in the evening.	
Partitions for water closets, Wards 26, 27, 28, 29	150 00
To secure greater convenience and privacy.	
New water main to outbuildings, six inches instead of three inches	1,650 00
To replace old, by a larger water main suitable for fire use.	
Cement walks	1,300 00
To provide good walks for women patients to walk on in winter (they have cinder paths now), and re-covering tunnel from Main building to engine-room.	
New veranda roofs, Wards 19 and 20	600 00
To replace the broken glass roof with wood or slate.	
Towers for toilet fixtures, Wards 24, 25, 30, 31	1,600 00
To provide toilet-rooms for four infirmary wards, more convenient to dormitories.	
New boiler-room extension	4,000 00
Roof requires renewing.	
Rebuilding main steam pipe and foundations through tunnel to Main building	600 00
The pipes, foundations, etc., have been in use many years and need renewing.	

\$57,410 .00

BUFFALO STATE HOSPITAL — ANNUAL REPORT

IN MEMORY OF JOSEPH P. DUDLEY

It becomes the sad duty of the Managers to report the death of the Honorable Joseph P. Dudley, President of the Board of Managers, which occurred in February last. Mr. Dudley was appointed Manager by Governor Black in 1895, and with the exception of two years when Boards of Managers were not in existence, was a member until the time of his death — about ten years of active service. — almost the entire time as President of the Board. Mr. Dudley was born in Candia, N. H., in November, 1832; came to Buffalo in 1858, and from that time until his death was a leading figure in commercial, social and philanthropic work. He was interested in many things and served on many boards and directorates. He was wide in his sympathies, generous, but unostentatious in his charities, and in his death the city lost one of its most useful citizens. In his service on the Board of Managers of this hospital he was a model of punctuality in attendance, and gave great attention to the whole institution, but especially to its business interests. He rarely missed a meeting when in the city, and has often been known to attend a meeting in inclement weather, coming from a bed of sickness to do so. Other boards and other organizations have placed on record their appreciation of his faithful work, and it is not necessary for us to do more than speak of his loyal services to this institution. A suitable memorial expressing the sorrow of the Managers was adopted by the Board in a special meeting, copies sent to the newspapers and his family, and his funeral attended by the Managers in a body.

WILLIAM C. KRAUSS, M. D.

President

MRS. TRACY C. BECKER

Secretary

MRS. WALTER PLATT COOKE

NATHAN WOLFF

JOHN T. DARRISON

GEORGE H. KENNEDY

H. A. MELDRUM

BUFFALO STATE HOSPITAL — ANNUAL REPORT

SUPERINTENDENT'S REPORT

The Superintendent of the Buffalo State Hospital herewith respectfully submits the thirty-seventh annual report, being for the year ending September 30, 1907.

	Men	Women	Total
The number of admissions during the year was	195	272	467
On original commitments from residences	190	189	379
By transfers from other institutions for the insane	5	83	88
Total number under treatment during the year	994	1,213	2,207
Daily average population.....	783	992	1,775

It will be seen that the number of original commitments this year was 379, being somewhat less than last year, when there were 396 admitted from residences.

The discharges during the past year were:

Men	170
Women	162
Total	332

Of this number, 96 recovered and 68 were sufficiently improved to go to their homes. Of the 467 patients admitted, 129 were over fifty years of age; of these, seventy-five were over sixty. Although seventeen patients less were admitted on original commitments this year than last year, yet the population, by reason of transfers, has increased, and we would have been more crowded than we are had not the new dormitories in the Administration building been available, in part, to relieve our wards.

Table No. 4 shows the different forms of insanity of patients received in the institution under the classification which has been

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in vogue for many years. A more detailed statement of the diagnosis, "other psychoses," cannot readily be made in tabulated form, and we here give an analysis of the forms not elaborated in this table:

Diagnostic classification of cases admitted during the year ending September 30, 1907 (exclusive of chronic cases transferred from other hospitals).

	Men	Women	Total
Organic dementia	4	3	7
Brain tumor .....	....	1	1
Accompanying other nervous diseases,	2	1	3
Traumatic psychoses	7	.....	7
Senile psychoses	14	28	42
General paralysis	28	14	42
Alcoholic psychoses	29	9	38
Morphine and opium habit.....	1	3	4
Inebriates (one woman admitted twice),	11	3	14
Toxic-exhaustive psychoses	7	16	23
Depressions not sufficiently distin-			
guished	3	2	5
Symptomatic melancholia	2	.....	2
Depressive hallucinosis (one man ad-			
mitted twice)	2	2	4
Anxiety psychoses	3	9	12
Paranoic conditions	6	7	13
Dementia praecox	18	24	42
Allied to dementia praecox.....	2	3	5
Manic depressive psychoses (one man			
and two women admitted twice)....	29	36	65
Allied to manic depressive insanity...	2	2	4
Constitutional inferiority	2	4	6
Neurasthenic and psychasthenic in-			
sanity	4	3	7
Hysterical insanity	2	5	7
Epileptic insanity	10	3	13
Imbecility and idiocy	3	4	7
Unclassified	2	12	14
	193	194	387

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EXPLANATION AND COMMENT

(By DR. FROST)

Organic Dementia.—These are cases of dementia following apoplexy, or gross softening from arterial degeneration. Two of them have epileptiform convulsions, one with aphasia; another has no symptoms except aphasia, probably due to a small embolus from heart lesion. One of the women has hemiplegia from the age of 25, a result of syphilis.

Brain Tumor.—Until verified by autopsy this is possibly a diffuse syphilitic process — symptoms: blindness, headache, mental dullness, and slight seizures affecting the respiration alone.

Accompanying Other Nervous Diseases.—One is a paranoic condition in a man who has had progressive muscular atrophy over thirty years; another is a case of Huntington's chorea, the patient, a young man, whose father died in this hospital with the same disease.

The one woman had a mild excitement with chorea of pregnancy from which she recovered after aborting.

Traumatic Psychoses.—Two were alcoholics who had prolonged and severe delirium after head injury; these recovered. Two others showed intolerance to alcohol after head injury some years before; in one, convulsions being induced. The remaining three are demented from severe traumatism. One of them has had a second operation here without much benefit.

Senile Psychoses.—One of the women has severe and prolonged manic excitement; three are cases of melancholia in advanced age with deterioration; the others are not noteworthy. None recovered.

General Paralysis.—Of the forty-two cases — twenty-eight men and fourteen women — a definite history or satisfactory evidence of antecedent syphilis was obtained in fourteen (eleven men and three women), or 34.5 per cent, while a strong suspicion of its occurrence was justified in most of the others, *e. g.*, two prostitutes and a woman whose husband admitted having had the disease himself. Nine men and four women were intemperate in habits, and of these, five men and one woman were among those who certainly had syphilis. One of the patients was a young man whose father died in this hospital of the same disease, and, in this case, no cause except heredity could be established. Of special interest was the case of a young woman twenty-eight years

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old, admitted with diagnosis of sarcoma of brain following operative removal of sarcomatous inguinal glands. She had choked discs, aphasia, right side twitching and general convulsions — moderate lymphocytosis of c. s. fluid. At autopsy the brain appeared perfectly normal, but microscopically showed plasma cell infiltration of pia and cortex, more marked over left hemisphere.

Alcoholic Psychoses.— These cases — twenty-nine men and nine women — were of the following forms:

	Men	Women
Delirium tremens	8	0
Prolonged delirium	0	2
Korsakow's psychosis	0	2
Hallucinosi	11	4
Paranoid delusions	3	0
Convulsions and excitement	2	0
Dementia	5	1
	29	9

Toxic-Exhaustive Psychoses.— Among the definite etiological factors found in this group were the following diseases and conditions: Phthisis, pneumonia, typhoid fever, rheumatism, sepsis, pyelitis, Graves' disease (one case), uraemia, puerperal state, lactation. Of the twenty-three cases, seven died, fourteen have recovered, and one is convalescent.

States of Mental Depression.— An attempt is made to distinguish several types of depression, but in many cases the lines are not very clear cut, and prolonged observation is essential if mistakes are to be avoided. It would perhaps be better if a larger proportion of the cases than we have so designated were put under the heading "Not sufficiently distinguished." The five assigned to this sub-group are etiologically conditioned as follows:

Masturbation, heredity, alcohol, typhoid, "stomach trouble." With one exception they are pursuing a favorable course with good prognosis. Heart disease and amputation of feet accounted for the two cases of simple but severe depression styled in our table "Symptomatic melancholia" — both improving and likely to recover. Four cases are diagnosed "Depressive hallucinosis." In one of these deafness and head noises due to aural disease seem to play the chief etiological role, while alcohol was a contributing factor. In another, no cause could be discovered except bad

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heredity, the patient's mother being for years demented and an inmate of this hospital. Of the two women, one, aged sixty-five, had previously been intemperate, but not for two years before the attack. The other, aged sixty, whose psychosis developed on the ground of grief and worry, has arterio-sclerosis which may be implicated in the etiology. None of these patients has so far recovered, though one is sufficiently improved to resume home life — the woman first mentioned.

Dementia Praecox.—The sub-groups are represented as follows:

	Men	Women
Hebephrenic	9	10
Katatonic	5	7
Paranoid	4	5
Doubtful (excitement) . . . . .	....	2
	18	24

These cases are all first admissions and first attacks, with two exceptions — these had previously been discharged as recovered, returning, one within a year, the other after three years.

Heredity of Insanity was determined only in twenty-eight per cent as against sixty per cent in the manic-depressive group, a finding in harmony with previous experience, and also with the "habit disorder" theory of the nature and development of this psychosis.

Manic Depressive Psychoses:

	Men	Women
Excitement	23	28
Depression	4	5
Both phases	2	2
Mixed form	0	1
	29	36

Number of attack:

First	27
Second	19
Third	7
Fourth	6

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Fifth	2
Twelfth	1
Circular (nine years)	1
Unknown	2
	65

Of the patients admitted in the second or subsequent attacks, twenty had had excitement only, four depressions only, while ten gave a history of both forms.

Heredity.—If we exclude the cases in which no information was obtainable, sixty per cent had insane parents, grandparents, uncles, aunts, brothers or sisters, and it is reasonably certain that more complete histories of the “negative” cases would materially increase this proportion.

DISCHARGES

	Men	Women	Total
There were discharged during the year,	170	162	332
As recovered	45	51	96
As improved	37	31	68
As unimproved	10	9	19
As not insane (includes liquor and drug habitues)	10	8	18
Died	68	63	131

There were discharged recovered ninety-six cases, being 25.33 per cent of the new admissions (transfers not included), which is a gain of about two per cent as compared with last year.

Form of insanity in those discharged recovered year ending September 30, 1907:

	Men	Women	Total
Accompanying aphasia	1	0	1
Accompanying Graves' disease	0	1	1
Traumatic psychoses	3	0	3
Alcoholic psychoses	9	7	16
Drug psychosis	0	1	1
Toxic-exhaustive psychoses	5	9	14
Depressions not sufficiently distin- guished	0	2	2

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	Men	Women	Total
Melancholia symptomatic	1	0	1
Depressive hallucinosis	1	1	2
Involution melancholia	1	5	6
Paranoic condition	1	0	1
Dementia praecox	1	0	1
Allied to dementia praecox.....	1	1	2
Manic-depressive psychoses	16	18	34
Allied to manic-depressive psychoses..	2	1	3
Constitutional inferiority (attack of excitement)	0	1	1
Neurasthenic and psychasthenic states,	1	1	2
Hysterical insanity	2	2	4
Unclassified	0	1	1
	45	51	96

Following is a schedule of discharges by percentages:

Percentage of recoveries to total admissions	20.55
Percentage of recoveries to new admissions	25.33
Percentage of recoveries to average population	5.41
Percentage of recoveries to number discharged	28.91
Percentage of recoveries to number discharged, exclusive of deaths, inebrates and transfers.....	53.63
Percentage of deaths to average population.....	7.38

It has been the custom of the hospital for some years to discharge patients, as a rule to which there are but few exceptions, on thirty-day parole. This is based upon the condition that the patients shall report either in person or by their friends at stated intervals during that time. In some cases this agreement is not lived up to by the friends of the patients, but in a majority of the instances we are enabled to keep under observation and watch the patients thus discharged. In some instances where the friends have not kept this agreement, it has been necessary for us to send an attendant to learn of the welfare and progress of the patient. If, at the end of thirty days, the patient is doing well and desires to renew his parole for another thirty days, and the friends also desire this, provision is made for such renewal on the request of patient and friends in writing, and this is taken advantage of to a large extent. In this way the ability of the patient to maintain

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himself, and to withstand the stress and strain of the outside world, is given a trial and the plan works well. It is, in fact, one of the best means of after-care, and enables one who has not proved himself strong enough to be discharged to return to the institution without the worry and anxiety of a recommitment.

We are not unmindful of the great value of the after-care work of the State Charities Aid Association. In fact, reference is made to the desirability of this feature of the Association's management in various reports of the Superintendent of this hospital. We are convinced that in the crowded centers of population where there is more poverty and distress than in this hospital district, it is of the utmost utility and helpfulness. The local Board of Visitation of the State Board of Charities Association, consisting of Mrs. Bernard Bartow, Miss Ada M. Kenyon, Mrs. J. J. McWilliams, the Honorable George A. Lewis and Dr. Charles Sumner Jones, as well as the members of our own Board of Managers, have been ready at all times to respond to requests for after-care work, in accordance with the plans of the State Charities Aid Association, as outlined and inaugurated about two years ago, a work which largely owes its inception to the zeal and philanthropic spirit of Miss Louisa Lee Schuyler. It has, however, been a matter of surprise during the past year to find that so few patients discharged have required any aid or supervision after their period of parole has expired, and we are inclined to think that the parole system, with its frequent reportings to the medical officers of the institution, has been in a large measure the cause. It is interesting to note that of the 201 patients discharged, deaths being excluded, 183 went to their homes, viz., eighty-seven men and ninety-six women. In a few instances some assistance has been given to patients in the way of finding employment for them. It is safe to say that no patient is discharged unless he has a home, friends or occupation to which to go. Following is a table showing destinations of patients:

	Men	Women	Total
To their homes with relatives or friends	87	96	183
Employed at hospital	1	2	3
Transferred to other institutions	8	1	9
Eloped	6		6
Total	102	99	201

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Of the six patients who eloped during the year all were men, and so much improved as to be perfectly able to care for themselves, and some were soon to have been discharged. Four were not heard from and two were later reported by the friends or seen by the physicians of the hospital and were doing well.

GENERAL HEALTH

The health of the population of the hospital has, during the past year, been excellent. No diseases have been epidemic, and we have had no suicides or very serious accidents. There has been a comparatively small number of tuberculosis cases, either developed in the hospital or admitted; sixteen of the one hundred and thirty-one deaths being due to this cause.

There has been no sickness among the officers, and but little illness among the employes. One faithful nurse, Augusta Krause, who had been at home for a number of weeks taking care of a sister with typhoid fever, reported here to be cared for when she herself was taken down, and although she had every care, so depressed was her vitality, by weeks of work caring for her sister, that she succumbed to the disease. A list in tabular form of the different classes of disorders is herewith appended, although the statement should be made that undoubtedly many ailments were too brief in duration, or slight in character, to get on record:

Infectious diseases:

Erysipelas	18
Syphilis	3
Measles	1
Influenza	9
Typhoid fever	3
Tuberculosis	32
Intestinal disorders	51
Other disorders of the digestive tract	7
Abdominal and pelvic diseases (not surgical)	33
Pneumonia	22
Other respiratory diseases	48
Heart diseases	18
Other circulatory diseases	10
Paralysis	23
Other nervous diseases	26
Miscellaneous general diseases	31

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Surgical condition, without operation.....	67
Gynecological treatments (about).....	300
Genito-urinary conditions in the male, without operation...	11
Fracture	17
Obstetrical cases	1
Puerperal condition	4
Surgical operations (not abdominal).....	22
Surgical operations (abdominal).....	1
Officers and employes and members of families requiring nurses	20
Average daily number in bed from all causes.....	107

The following surgical operations were performed during the year:

- 1 removal of carcinomatous breast (Halsted).
- 1 removal of hemorrhoids (by ligature).
- 1 removal of hemorrhoids (clamp and canterry).
- 1 panhysterectomy (abdominal) for uterine fibroid.
- 1 vaginal hysterectomy for primary tuberculosis of cervix.
- 1 repair of complete perineal tear.
- 3 curettage and repair of pelvic floor.
- 1 removal of uterine polypus.
- 1 ischio-rectal abscess.
- 1 carbuncle of buttock.
- 1 amputation of thumb.
- 2 amputations of finger.
- 1 palmar abscess incision.
- 1 tapping hydrocele.
- 1 radical cure hydrocele.
- 1 varicocele.
- 1 curetting bone and removing sequestrum.

Because of the warning of the city health officer during the past year, it has been the custom of the hospital much of the time to boil the drinking water, but no unfavorable results have followed even when it was not boiled. There has been no typhoid fever nor any epidemics. There are now in preparation plans for the renewal of many closets, sinks, etc., throughout the wards which have been in use for many years and require renewing.

It will be noticed that of the 131 deaths during the past year, sixteen were due to tuberculosis; eighteen to pneumonia; nineteen

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to diseases of the heart; six to organic disease of the brain; nine to exhaustion from acute or chronic mental disease; twenty-three to paresis; five to old age.

These constitute the most frequent causes of death. It will also be noted that of the 131 patients who died, fourteen were over eighty years of age; twenty were over seventy years of age; twenty-three were over sixty years of age; thirteen were over fifty years of age.

CLINICAL AND LABORATORY WORK

Clinics in mental diseases were given by the Superintendent, Dr. Hurd, during the year for the students of the senior class of the medical department of the University of Buffalo, in the hospital amphitheatre. The attendance was excellent.

The medical work has been continued during the year with interest and efficiency. Staff conferences have been held as usual, and have been under the direction of Dr. Frost, first assistant physician; new cases have been presented and older ones re-presented.

Laboratory work, under direction of Dr. Betts, has been going on, and autopsy work done and material studied almost daily throughout the year. Concerning autopsies the following notes were made by Dr. Betts:

“Fifty-six autopsies were performed during the year, and material from each case was preserved and examined microscopically, chiefly to confirm the clinical diagnoses or, if necessary, to aid in their revision.

“Eleven cases of general paralysis came to autopsy and the cortex in each case showed the characteristic diffuse perivascular infiltration with lymphoid and plasma-cells. In one case the onset was quite gradual, with dimness of vision nine years before the appearance of marked mental symptoms. Later there was the characteristic euphoria, lack of insight, memory defect, inequality of pupils and progressive deterioration with total blindness, the result of double optic atrophy.

“Another case was remarkable on account of its apparently rapid course. An intemperate male, thirty-nine years of age, native of Poland, worked until two weeks before admission, when he suddenly became confused and incoherent. He was taken to a general hospital, where he jumped from a third-story window. On admission he was weak and ataxic — would not speak, kept his

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eyes tightly closed and held himself rigid. He was quite disoriented, and was thought to be in alcoholic delirium. Later he complained of headache and vertigo, became stuporous and died five days after admission. There were no very definite symptoms of paresis. Physical examination revealed a scar on the glans and palpable inguinal glands. The pupils were equal but reacted sluggishly. The other reflexes were normal. At the autopsy the brain appeared negative, except some slight congestion of the pia. Microscopically there was a very marked perivascular plasma and lymphoid cell infiltration of the cortex.

“The other nine cases of this disease were not especially noteworthy either clinically or anatomically.

“There were five cases of senile dementia; four of which were of the simple demented type. These showed marked sclerosis of the vessels and ‘senile cortical wasting’ with wedges of gliosis and softening; in three of the four cases associated with larger focal lesions.

“The fifth case was a man of seventy-four years, with an anxious melancholia followed by deterioration. In this case, instead of the senile cortical wasting and focal lesions, there was a diffusely distributed arterio-sclerosis with new channel formation, especially of the finer cortical vessels, many of which were almost occluded. The white matter showed ‘état criblé’ with regressive vessel changes.

“In several old cases of dementia praecox which had become senile the characteristic changes of ‘senile cortical wasting’ were found.

“Larger arterio-sclerotic focal lesions — not associated with senile dementia, occurred as follows: One, a woman of fifty-seven years, with a history of syphilis twenty-two years previously, who had for ten years ‘fainting spells’ after a slight paralytic stroke, partially involving the left side. For two or three years she had very severe headaches, and marked mental symptoms characterized by fear and peculiar behavior appeared eighteen months before admission. Three weeks before commitment she had another stroke, after which she remained aphasic. She died after two years of hospital residence. The brain weighed only 1,005 grams. The vessels were greatly thickened and there were large areas of softening in the right hemisphere, involving the inferior third of the post central gyrus, the posterior half of the supra-marginal gyrus and the angular gyrus, the softening extending to

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the interparietal fissure. The most of T1, the middle third of T2 and transverse temporal gyri and a portion of the insular cortex were somewhat affected. Another area on the mesial aspect affects the right paracentral lobule and a portion of R.F.1. In the left hemisphere there was a small softening in the supra-marginal lobule.

“In an old case of apoplexy in which the hemiplegia had disappeared leaving a permanent aphasia — the brain was found to be atrophied (1,020 grams) showing a large area of softening which involved chiefly L.T.1 and with partial destruction of the adjacent central and parietal convolution. This brain and the one from the preceding case are being studied in detail at the Pathological Institute.

“Three old cases of dementia praecox showed large focal lesions — two with foci of softening and one a large fresh cortical hemorrhage involving a large portion of R.F.2 and R. F.3. In this last case there was a remarkable degree of ‘état criblé’ with thick rigid and hyalin vessel walls.

“Of the five cases of epilepsy, two showed gross cerebral lesions. One was a congenital porencephaly of the right hemisphere, opening into the lateral ventricle. In the second case there was an old area of pigmented sclerosis affecting an area the size of a silver dollar in left pre-frontal region with strong adhesions between the cortex pia and dura; there were also smaller areas of sclerosis in the uncus. The brain was very large (1,690 grams).

“The remaining three epileptic brains showed no noteworthy characteristics.

“Central neuritis changes were found in three cases: 1, an imbecile who died of tuberculosis; 2, an old case of dementia dying cachectic from an extensive myxosarcoma of the thigh; 3, an epileptic with porencephaly who died of gastric carcinoma.

“In all three cases practically all the Betz cells in both paracentral lobules showed axonal alteration with many ‘vortex forms.’ No definite central neuritis symptoms were noticed in any of the cases. The possible connection between cachectic conditions and axonal alteration is suggested by the fact that in the eleven cases observed in this laboratory where practically all the Betz cells were so affected, four cases died in cachexia from malignant tumors.

“Of the five cases of delirium, four were alcoholic in origin, and showed no noteworthy brain alterations. The remaining case

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was more obscure. A temperate woman of forty-nine years of age, after a short period of weakness and nervousness developed a sudden acute delirium. She was noisy, disoriented, saw animals, etc. She soon became exhausted and died two weeks after the onset of the delirium. There was a temperature of 105 degrees on the day of death. At the autopsy, seventeen hours after death, the brain showed marked pial congestion with an infarct-like hemorrhage in R.F.3. After hardening in formalin sections showed many slit-like cavities in the white matter, the walls of which were found microscopically to contain many large bacilli (probably gas bacilli). The heart and great vessels contained very dark fluid blood, and the intima of the aorta and the endocardium were deeply blood stained. Microscopically these surfaces were found to be covered with enormous numbers of bacilli like those found in the brain. There were no gas holes in the spleen, liver, kidney or other viscera.

“There were during the year two cases of acute yellow atrophy of the liver, both in young women (aged twenty-nine years). They were reported in detail at a recent meeting of the Eighth District Branch of the New York State Medical Society, by Dr. Kuhlmann, on whose service they occurred.

“Sections from a uterine cervix were examined for diagnosis and found to be tubercular. Examination of the uterus after hysterectomy revealed a tubercular endometritis more advanced, and evidently primary in the cervix. This case also has been reported by Dr. Kuhlmann.

“The laboratory has been freely used by various members of the staff for the examination of urine, blood, stomach contents, sputum, etc. A few glycerine jelly mounts have been added to the museum and seven brains, mostly with gross organic lesions, have been sent to the Pathological Institute.”

MEDICAL MEETINGS

March fifth and sixth last this hospital entertained one of the usual inter-hospital conferences, and physicians from the following State hospitals were present:

Gowanda, Rochester, Willard, Utica, St. Lawrence, Middletown and Hudson River.

The private institution, Providence Retreat, of this city, was also represented. The Pathological Institute of Ward's Island was represented by the director, Dr. Adolf Meyer.

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At the fall meeting of the Eighth Judicial District Branch of the State Medical Society, held at Buffalo, the Superintendent, Dr. Hurd, read an article on "Early Diagnosis in Cases of Mental Disease," in which paper occasion was taken to impress upon the general practitioner the supreme necessity of early diagnosis, treatment and care, especially protecting care, in cases of insanity, illustrating to a large extent from his hospital experience, the great necessity not only of such early care and treatment as regards restoration to family, usefulness and happiness of patients, but also for the prevention of suicide and homicide. Many deplorable cases of loss of life, and valuable life, have recently in this community been due to neglect of this kind. Before the same society papers were read by Dr. Helene Kuhlmann on cases of "Acute Yellow Atrophy of the Liver," illustrated by microscopical specimens, and on a case of "First Attack of Chlorosis in a Woman of Thirty-four." A paper was also read during the summer by Dr. H. P. Frost, first assistant physician, before the Medical Union of Buffalo on "Classification in Mental Diseases," and during September before the medical staff of the Craig Colony for Epileptics on "Modern Methods in Psychiatry." During the same month a meeting of the physicians of the State hospitals of middle and western New York was held at Gowanda, and was attended by seven members of the medical staff of this hospital.

Ophthalmology

Dr. F. Park Lewis, who has become so prominently identified in the State of New York with the care and treatment of the blind, and who was chairman of the commission appointed by the Governor to study the needs of the blind, has been assiduous in his attendance at the hospital upon those of the patients who have required the service of an ophthalmologist. Every two weeks an afternoon is devoted to examination of the eyes of patients newly admitted and of the older patients who require it. The number of cases treated and examined during the year is about 240.

Dentistry

The dental work of the hospital has been carefully looked after by Dr. C. A. Bradshaw, who has devoted one forenoon at the hospital every week to the care of the teeth of the patients, some-

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times seeing them at his office when the need is acute. His report follows:

Number of cases treated.....	395
Number of operations.....	626
Treatments	112
Extractions	346
Cleanings	27
Fillings	132
Dentures inserted	6
Repairs	11

Occupation

Occupation and employment have been held in the same high regard as curative agents in this past year, as heretofore. A table, appended, showing the articles manufactured, gives very little idea as to the real mental improvement that comes from working with the hands, affording, as it does, exercise, good circulation, interest, distraction from unhappy delusions, and the reawakening of interest in life. This matter has been carefully taken up this past year, and an article on "Occupations for the Insane," by Dr. G. A. Smith, of Central Islip, read before the conference of the Lunacy Commission with the Superintendents, has been printed and distributed.

Of the 1,835 patients in the hospital on a single representative day, 972 patients were engaged in the different kinds of occupation. The table will be found in the appendix:

Religious Services

The following clergymen have conducted religious services, which were held regularly, and frequent visits by them have been made to the sick:

Rev. Robert Scott, Rev. Charles Rhodes, Rev. Frank B. Carlton, Rev. Byron H. Stauffer, Rev. George B. Richards, Rev. Frank F. Blessing, Rev. F. H. Coman, Rev. Richard E. Locke, Rev. F. A. Kakler, Rev. Thomas B. Berry, Rev. David B. Udeggraff, Rev. J. H. McGrath, Rev. Jas. A. Hogan.

Hospital Library

The library is in constant use by the patients and employes, 3,698 books having been drawn out, and 158 new books having been added, during the past year.

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The hospital finds itself at the close of the year indebted to the following persons, to whom thanks are extended for books, magazines, papers, etc.

Mr. George H. Harrower, Rev. Charles Rhodes, Mr. H. M. Hill, G. H. Richmond, University Club, Mrs. Tracy C. Becker, Mrs. Arthur Watson, Mrs. Rose.

Entertainments

Entertainments for the patients, and by them, have been continued throughout the year as before. Dances, card parties, lawn parties, baseball, croquet, skating, etc., figure prominently in the list of recreations for patients.

REQUIREMENTS

Of the requirements for the coming year the tabulated list will be found as made by the Managers with the reasons for each item as they appear. All are desirable, some especially needed, and of these latter we should mention the additional rooms for patients and dining-rooms in the Elmwood building, the refrigerator plant, a new residence for the steward, sun-room on Ward 25 for tubercular men, and the renewal of water and steam mains. Some of these items have been asked for before, and we feel that the hospital should not only look to its growing needs, but should make such repairs and betterments as will keep it from deteriorating materially and abreast of the times, and best equipped for the comfort and recovery of the patients.

We feel also that for the maintenance of the hospital for the coming year a more generous allowance should be made than was made for this. For the year ending September 30, 1906, there was expended by the hospital for maintenance \$327,253.21. For this year there was appropriated only \$330,000, notwithstanding the fact that we shall have this year 135 more patients to support than in the year above quoted, and disregarding entirely the fact that the price of provisions, and the cost of living in general has been largely increased since that time.

We are positive that due care and economy and watching have been exercised by the officers of the institution, and that if the present prices are to continue the appropriation given us for this year, viz.: \$330,000, will be inadequate, and that in future, appropriations should be made on a per capita basis,

BUFFALO STATE HOSPITAL — ANNUAL REPORT

taking into account the number of patients to be supported and not made in a lump sum, on which basis those institutions which grow rapidly in number of patients must reduce their standard if no provision is made for supporting the increase. The per capita cost for the year just closed was \$3.61 per week, but this hardly represents fairly the cost, as about \$4,500 in accounts was carried over into the succeeding year from lack of funds.

During the year the hospital has received many distinguished visitors, managers from other institutions, superintendents, and people interested generally in the work of caring for the insane.

The State Commission in Lunacy has visited regularly, and also the Medical Inspector, Dr. William L. Russell, who has made most thorough visits and inspections, talking at length with all new admissions, and with as many of the older patients as wished to converse with him.

To the Lunacy Commission, to the Managers, to the officers and to the employes, I wish to return thanks for the interest, advice and conscientious work which has made the past year for the hospital a successful one.

ARTHUR W. HURD, M. D.,
Superintendent

BUFFALO STATE HOSPITAL — ANNUAL REPORT

FINANCIAL STATEMENT OF BUFFALO STATE HOSPITAL FOR YEAR ENDING SEPTEMBER 30, 1907

Date of opening, 1880.

Total acreage of grounds and buildings, 183.

Value of real estate, including buildings, \$2,606,892.17.

Value of personal property, \$119,798.15.

Acreage under cultivation, 61.5.

GENERAL FUND

Receipts

Balance on hand from last year, for salaries.....	\$87 32
Balance on hand from last year, for wages.....	257 31
Balance on hand from last year, for supplies.....	2,811 69
	\$3,156 32
From Comptroller, for salaries.....	\$20,261 17
From Comptroller, for wages.....	119,751 69
From Comptroller, for supplies....	190,163 81
From maintenance of reimbursing patients	30,284 34
From maintenance of private patients	8,750 50
From steward's return	1,752 58
From attorney's return	267 02
From refund, wages unclaimed....	64 42
From special fund	12,857 63
	384,153 16
Total receipts	<u><u>\$387,309 48</u></u>

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Disbursements

For amounts per vouchers Nos. 1-1919, inclusive:

Officers' salaries	\$20,348 49
Wages	120,073 42
Provisions and stores	117,410 82
Ordinary repairs	9,196 16
Farm and grounds	1,721 57
Clothing	10,871 11
Furniture and bedding	11,325 05
Books and stationery	2,073 06
Fuel and light	26,996 26
Medical supplies	2,547 63
Miscellaneous expenses	9,946 57
Transportation of patients	887 27

 \$333,397 41

Extraordinary improvements, chap.

686, Laws of 1906 \$12,846 13

Extraordinary improvements, chap.

578, Laws of 1907 11 50

Remitted to State Treasurer..... 41,054 44

 53,912 07

 Total disbursements \$387,309 48

Average daily population, 1,775.

Yearly per capita, 187.83.

Weekly per capita, 3.61.

 NOTE.—About \$4,500 unpaid accounts carried over into succeeding year which would raise the per capita cost somewhat.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

APPENDIX

SCHEDULE OF LECTURES, RECITATIONS AND
DEMONSTRATIONS OF TRAINING SCHOOL

SCHEDULE OF LECTURES AND RECITATIONS, 1907-8

1907

JUNIOR CLASS

Oct.	1	Introductory Lecture	Dr. Hurd
	5	Osteology	Dr. Aldrich
	8	Ligaments and Joints.....	Dr. Aldrich
	12	Muscular System	Dr. Aldrich
	15	Recitation and Quiz.....	Dr. Aldrich
	19	Heart and Blood Vessels, Lymphatic and Glandular Systems.....	Dr. Aldrich
	22	The Blood. The Circulation.....	Dr. Aldrich
	26	The Lungs. Respiration.....	Dr. Aldrich
	29	Recitation and Quiz.....	Dr. Aldrich
Nov.	2	Organs of Digestion.....	Dr. Aldrich
	5	Digestion and Assimilation.....	Dr. Aldrich
	9	Excretory Organs and their Functions...	Dr. Aldrich
	12	Recitation and Quiz	Dr. Aldrich
	16	The Skin, Hair, Nails. Special Senses....	Dr. Nairn
	19	The Nervous System. Anatomy.....	Dr. Nairn
	23	The Nervous System. Physiology.....	Dr. Nairn
	26	Recitation and Quiz.....	Dr. Nairn
Dec.	30	Hygiene of the Person. Hygienic Living..	Dr. Nairn
	3	Exercise. Physical Culture	Dr. Nairn
	7	Recitation and Quiz.....	Dr. Nairn
	10	Foods. Classification and Chemistry, etc..	Dr. Nairn
	14	Ventilation and Heating	Dr. Nairn
	17	Recitation and Quiz	Dr. Nairn
	21	Midwinter Examination.	

1908

Christmas Vacation

Jan.	4	The Sick Room and the Hospital Ward...	Dr. Gorrill
	7	Hospital Rules and Regulations.....	Dr. Gorrill
	11	The Nurse. Ethics of Nursing.....	Dr. Gorrill
	14	Recitation and Quiz	Dr. Gorrill

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Jan.	18	Pulse, Respiration, Body Temperature...	Dr. Gorrill
	21	Observation and Recording of Symptoms...	Dr. Gorrill
	25	Recitation and Quiz	Dr. Gorrill
	28	Demonstration of Instruments and Apparatus,	Dr. Gorrill
Feb.	1	First Aid to the Injured. Lecture and Dem-	Dr. Gorrill
		onstration	Dr. Gorrill
	4	Recitation and Quiz	Dr. Gorrill
	8	Bacteriology	Dr. Brooks
	11	Contagion and Infection. Disinfection...	Dr. Brooks
	15	Recitation and Quiz	Dr. Brooks
	18	Asepsis and Antisepsis	Dr. Brooks
	25	Weights and Measures	Dr. Brooks
March	29	Medicines and their Administration.....	Dr. Brooks
	3	Medicines and their Administration continued,	Dr. Brooks
	10	Recitation and Quiz	Dr. Brooks
	17	Bandaging	Dr. Calhoun
	24	Bandaging	Dr. Calhoun
April	31	Bandaging	Dr. Calhoun
	7	Review	Dr. Aldrich
	14	Review	Dr. Nairn
	21	Review	Dr. Gorrill
	28	Review	Dr. Brooks

CLASS-ROOM DEMONSTRATIONS AND LESSONS BY
SUPERVISORS AND ASSISTANTS, 1907-8.

JUNIOR CLASS

- 1 General and special cleaning of wards and rooms, and care of wardrobes, bureaus, etc., and their contents.
- 2 Cleaning, ventilating and general care of toilet and bath rooms.
- 3 Care of clothes and linen rooms.
- 4 Use and care of disinfectants and ward solutions, and care of cupboards and medicine closets.
- 5 Prevention and extermination of vermin.
- 6 Care of beds; bed-making, general.
- 7 Care of basins, sputum cups, bedpans, urinals and all metal and porcelain articles.
- 8 Care of rubber goods.
- 9 Ward supplies. Their economical use.

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- 10 Reception of patient; undressing patient; giving bath. Care of clothing and valuables.
- 11 Bathing, washing and combing hair. Shampooing.
- 12 Toilet and bath of patient in bed. Care of mouth, hands and feet.
- 13 Changing bedding and clothing of patient in bed. Getting patient out of bed. Sitting patient up in bed.
- 14 Use of bedpan and urinal, back rests, hot-water bags, rings, etc.
- 15 Serving food to patients in bed. Feeding helpless patients and those who require much special attention.
- 16 Care of patients who wet and soil themselves. Of untidy patients. Correcting pernicious habits.
- 17 Care of back and other parts exposed to pressure.
- 18 Taking pulse, temperature and respiration and keeping charts and records.
- 19 Night duty.
- 20 Care of body after death.

SCHEDULE OF LECTURES, RECITATIONS AND DEMONSTRATIONS BY THE MEDICAL STAFF, 1907-08

1907

SENIOR CLASS.

- Oct. 1, 11.00 A. M. Anatomy of Pelvic Organs.
Physiology and Pathology of Pregnancy
(Women) Dr. Kuhlmann
- 3, 2.30 P. M. Local Applications; Fomentations,
Counter-Irritants, etc. Dr. Armstrong
- 8, 11.00 A. M. Preparations for Labor, with
Demonstration (Women) Dr. Kuhlmann
- 10, 2.30 P. M. Inflammation and Fever, Dr. Armstrong
- 15, 11.00 A. M. Management of Labor, Manikin
Demonstration (Women) Dr. Kuhlmann
- 17, 2.30 P. M. Dietetics; Food for the Sick.
Dr. Armstrong
- 22, 11.00 A. M. Management of Labor, Manikin
Demonstration (Women) Dr. Kuhlmann
- 24, 2.30 P. M. Dietetics; Foods for the Sick con-
tinued Dr. Armstrong
- 29, 11.00 A. M. Abnormalities of Position, Com-
plications of Labor (Women) Dr. Kuhlmann
- 31, 2.30 P. M. Materia Medica and Therapeutics,
Dr. Armstrong

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Nov.	5, 11.00 A. M.	The Puerperium (Women).... Dr. Kuhlmann
	7, 2.30 P. M.	Materia Medica and Therapeutics, Dr. Armstrong
	12, 11.00 A. M.	Complications of the Puerperium (Women) Dr. Kuhlmann
	14, 2.30 P. M.	Special Medical Cases...Dr. Armstrong
	19, 11.00 A. M.	Care of the New-Born, Asphyxia, etc. (Women).....Dr. Kuhlmann
	21, 2.30 P. M.	Special Medical Cases....Dr. Armstrong
	26, 11.00 A. M.	Enemata; Rectal Feeding (Men), Dr. Betts. Infant Feeding (Wo- men).....Dr. Kuhlmann
Dec.	3, 11.00 A. M.	Catheterization, Irrigation of Bladder (Men), Dr. Betts. Diseases of the Pelvic Organs (Women).....Dr. Kuhlmann
	5, 2.30 P. M.	Special Medical Cases....Dr. Armstrong
	10, 11.00 A. M.	Genito-Urinary Diseases (Men), Dr. Betts. Duties of Nurse During Exami- nations and Minor Gynecological Proce- dures (Women).....Dr. Kuhlmann
	12, 2.30 P. M.	Contagious and Infectious Dis- eases Dr. Armstrong
	17, 11.00 A. M.	Genito-Urinary Diseases (Men), Dr. Betts. Examination and Review..... Dr. Kuhlmann
	19, 2.30 P. M.	Terminations of Disease. Con- valescence; Care of the Dying.....Dr. Armstrong

Dec. 19-Jan. 2, Christmas Vacation.

1908

Jan.	2, 2.30 P. M.	Review.....	Dr. Armstrong
	7, 11.00 A. M.	Management of Cases of Plastic Surgery of Perineum and Cervix (Women),	Dr. Kuhlmann
	9, 2.30 P. M.	Fractures and Dislocations....	Dr. Betts
	14, 11.00 A. M.	Ordinary Diseases of Childhood. Management of Sick Children.....	Dr. Kuhlmann
	16, 2.30 P. M.	Hemorrhage; Wounds and Burns,	Dr. Betts
	21, 11.00 A. M.	Eruptive and Contagious Dis- eases of Childhood.....	Dr. Kuhlmann

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Jan.	23, 2.30 P. M.	Poisons; Symptoms and Treatment of Poisoning.....	Dr. Betts
	28, 11.00 A. M.	Eruptive and Contagious Diseases of Childhood continued.....	Dr. Kuhlmann
	30, 2.30 P. M.	Emergencies; Medical and Surgical	Dr. Betts
Feb.	4, 11.00 A. M.	Asepsis and Antisepsis..	Dr. Kuhlmann
	6, 2.30 P. M.	Anesthetics; Administration of Ether and Chloroform.....	Dr. Betts
	11, 11.00 A. M.	Preparation of Dressings, Instruments, Solutions, Etc., for Operation.....	Dr. Kuhlmann
	13, 2.30 P. M.	Special Operations, Amputations, etc.	Dr. Betts
	18, 11.00 A. M.	Preparation of Patient and Operating Room	Dr. Kuhlmann
	20, 2.30 P. M.	Hydrotherapy.....	Dr. Frost
	25, 11.00 A. M.	Conduct of Nurse at Operations,	Dr. Kuhlmann
	27, 2.30 P. M.	Hydrotherapy; Demonstration,	Dr. Frost
Mar.	3, 11.00 A. M.	Conditions Requiring Abdominal Section. Care of Patient after Operation,	Dr. Kuhlmann
	5, 2.30 P. M.	Electricity and Massage.....	Dr. Frost
	10, 11.00 A. M.	Bandaging	Dr. Wright
	12, 2.30 P. M.	Administration of Electricity; Use of Vibrator; Demonstrations.....	Dr. Frost
	17, 11.00 A. M.	Bandaging	Dr. Wright
	19, 2.30 P. M.	Coma, Apoplexy.....	Dr. Frost
	24, 11.00 A. M.	Bandaging	Dr. Wright
	26, 2.30 P. M.	Paralysis; Nursing of Paralytics,	Dr. Frost
	31, 11.00 A. M.	Application of Splints, Etc..	Dr. Wright
April	2, 2.30 P. M.	Convulsions, Epilepsy.....	Dr. Frost
	4, 2.30 P. M.	Application of Plaster Casts,	Dr. Wright
	7, 11.00 A. M.	Use of Blood Pressure Apparatus. Observation and Recording of Symptoms..	Dr. Wright
	9, 2.30 P. M.	Hysteria and Neurasthenia....	Dr. Frost
	11, 2.30 P. M.	Mental Functions.....	Dr. Frost

BUFFALO STATE HOSPITAL — ANNUAL REPORT

April 14, 11.00 A. M.	Use of Hypodermic Syringe; Subcutaneous Infusion.....	Dr. Frost
16, 2.30 P. M.	Delirium, Alcoholism.....	Dr. Frost
18, 2.30 P. M.	Insanity.....	Dr. Frost
21, 11.00 A. M.	Aspiration, Aspirating Needles and Apparatus	Dr. Wright
23, 2.30 P. M.	Insanity.....	Dr. Frost
25, 2.30 P. M.	Insanity.....	Dr. Frost
28, 11.00 A. M.	Tube Feeding; Lavage of Stom- ach; Obtaining Stomach Contents....	Dr. Wright
30, 2.30 P. M.	Care and Nursing of the Insane..	Dr. Frost

LIST OF DEMONSTRATIONS AND WARD LESSONS
BY SUPERVISORS AND ASSISTANTS, 1907-08

SENIOR CLASS.

- 1 Special bed-making.
- 2 Administration and care of medicines.
- 3 Dressing bedsores and ulcers.
- 4 Making and application of poultices, fomentations, stupes,
mustard pastes, etc.
- 5 Mustard foot bath. Pneumonia jacket.
- 6 Giving enemata; purgative, nutrient and stimulating.
- 7 High enema; douches.
- 8 Catheterization. Lavage of bladder.
- 9 Making bandages, tampons, sponges, etc.
- 10 Cabinet bath.
- 11 Hot air bath to patient in bed.
- 12 Alcohol rub. Oil rub. Salt rub, etc.
- 13 Disinfection and disposal of typhoid excreta.
- 14 Disinfection and preparation of infected clothing for the
laundry.
- 15 Fumigation and cleaning of room.
- 16 Nursing case of tuberculosis. Precaution against infection,
etc. Disposal of sputum.
- 17 Preparation of body after death from contagious disease.
- 18 Nursing during and after convulsions.
- 19 Nursing of comatose patient.
- 20 Special care of the dying.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

STEWARD'S REPORT

The Steward reports the following articles on hand, produced from the farm and from the garden, or manufactured or repaired in the work-shops, sewing-rooms, tin-shops, etc:

STOCK REPORT

Horses	13
Swine	300
Chickens	165

FARM REPORT

Straw, tons	20
Hay, tons	30
Oats, bushels	651
Wheat, bushels	375
Barley, bushels	51
Pork, pounds	36,974
Lard, pounds	10,310
Eggs, dozens	635
Poultry, pounds	30

GARDEN PRODUCTS

Asparagus, bunches	246
Beans, bushels	95½
Beets, bushels	370½
Cabbage, tons	14.1345
Carrots, bushels	313
Celery, heads	7,398
Cauliflower, heads	336
Corn, ears	133
Cucumbers, bushels	67
Cucumbers, pickles	1,820
Eggplant, pounds	60
Grapes, pounds	600
Lettuce, bushels	581.5

BUFFALO STATE HOSPITAL—ANNUAL REPORT

Onions, bushels	11
Onions, green, bunches.....	2,693
Plums, bushels	5½
Parsley, bunches	162
Pepper, dozens	133½
Pumpkins, tons	2⅔
Parsnips, bushels	192½
Peas, bushels	173½
Radishes, bunches	2,227
Rhubarb, bunches	1,717
Squash, pounds	427
Spinach, bushels	57
Turnips, bushels	142
Tomatoes, bushels	265
Vegetable oysters, bushels.....	10

STATEMENT OF NEEDS, 1907-8

New Building or Alterations

Item	Estimated cost
Industrial and storeroom	\$600 00
Additional rooms and dining-room, Elmwood building	8,300 00
Additional verandas, Wards 3, 4, 5 and 6.....	2,700 00
Sun-rooms, Ward 24, for tubercular men.....	1,400 00
New house for steward.....	6,500 00
Rebuilding green-house	760 00

Machinery

Refrigerator plant	15,500 00
Additional dynamo and engine.....	3,400 00
Changing steam and exhaust mains.....	1,100 00
Additional switchboard	800 00
Stoker for 150 H. P. boiler.....	800 00
Coal conveyor	3,500 00
Railroad track scales	1,500 00
Handkerchief mangle, 75 inches, for underwear...	300 00

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Fixtures

Item	Estimated cost
Additional electric light chandeliers, men's wards..	\$350 00
Partitions for water closets, Wards 26, 27, 28, 29..	150 00
New water main to outbuildings, 6-inch instead of 3-inch	1,650 00
Cement walks	1,300 00
New veranda roofs, Wards 19 and 20.....	600 00
Towers for toilet fixtures, Wards 24, 25, 30, 31...	1,600 00
New boiler-room extension	4,000 00
Rebuilding main steam pipe and foundations through tunnel to Main building.....	600 00
	\$57,410 00

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	799	941	1,740
Admitted during year ending September 30, 1907.....	195	272	467
On original commitments:			
From residences.....	186	188	374
By transfers from county houses.....	4	1	5
By transfers from other institutions for insane.....	5	83	88
Total number under treatment during year..	994	1,213	2,207
Daily average population.....	783	992	1,775
Capacity of institution.....	771	1,057	1,828
Discharged during year:			
As recovered.....	45	51	96
As improved.....	37	31	68
As unimproved.....	10	9	19
As not insane.....	10	8	18
Died.....	68	63	131
Whole number discharged during year.....	170	162	332
Remaining October 1, 1907.....	824	1,051	1,875

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening, 1880.

Total acreage of grounds and buildings, 183.

Value of real estate, including buildings, \$2,606,892.17.

Value of personal property, \$119,798.15.

Acreage under cultivation, 61.5.

Receipts during year, maintenance fund:

From private patients	\$8,750 50
From reimbursing patients	30,284 34
From all other sources	2,019 60

Disbursements during year for maintenance:

Estimate No. 1.	For officers' salaries.....	\$20,348 49
Estimate No. 2.	For wages	120,073 42
Estimate No. 3.	For provisions and stores.....	117,410 82
Estimate No. 4.	For ordinary repairs.....	9,196 16
Estimate No. 5.	For farm and grounds.....	1,721 57
Estimate No. 6.	For clothing of patients.....	10,871 11
Estimate No. 7.	For furniture and bedding...	11,325 05
Estimate No. 8.	For books and stationery.....	2,073 06
Estimate No. 9.	For fuel and light.....	26,996 26
Estimate No. 10.	For medical supplies	2,547 63
Estimate No. 11.	For miscellaneous expenses...	9,946 57
Estimate No. 12.	For transportation	887 27

Total disbursements, estimates 1 to 12, inclusive \$333,397 41

Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive..... 3.612

Maximum rate of wages paid attendants:

Men	\$42 25
Women	36 00

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (*Concluded*)

Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 11.67
Proportion of night attendants to average daily population	1 to 49.30
Percentage of daily patient population engaged in some kind of useful occupation	53
Estimated value of farm and garden products during year	\$6,351 45
Estimated value of articles made or manufactured by patients during year	21,570 48

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc).....	3	2	5	.....	3	3	.....
Mental strain, worry and overwork (not included in above)	7	17	24	1	2	3	3
Love affairs (includ- ing seduction).....	.....	5	5	.....	1	1	1
Fright and nervous shock.....	1	2	3	1	1	2	1
Physical:							
Intemperance.....	42	18	60	5	4	9	16
Venereal diseases...	12	8	20	3	1	4	1
Masturbation.....	5	.....	5	1	.....	1	.....
Accident or injury..	9	.....	9	.....	.....	.....	1
Pregnancy.....	.....	3	3	.....	1	1	1
Parturition and puerperium.....	.....	4	4	.....	.....	.....	.....
Lactation.....	.....	5	5	.....	3	3	1
Change of life.....	.....	6	6	.....	1	1	1
Fevers.....	3	1	4	.....	.....	.....	1
Epilepsy.....	9	7	16	1	.....	1	2
Diseases of skull and brain.....	4	2	6	1	.....	1	.....
Old age.....	14	27	41	2	6	8	10
Exophthalmic goitre.....	.....	1	1	.....	.....	.....	.....
Epidemic influenza..	2	1	3	.....	.....	.....	.....
Abuse of drugs.....	.....	1	1	.....	1	1	.....
Uræmic poisoning...	.....	1	1	.....	.....	.....	.....
All other bodily dis- orders and ill health.....	15	31	46	4	9	13	8

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3 — (Concluded)

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Hereditary.....	21	32	53	21	32	53	....
Congenital defect.....	6	8	14	2	1	3	2
Unascertained.....	28	83	111	6	15	21	37
Not insane.....	12	7	19	2	2	4	1
Diseases of nervous system	2	.....	2	.....	.....	.....	.....
Total.....	195	272	467	50	83	133	87

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	43	16	5	125	55	15
General paralysis.....	41	.....	24	123	.....	76
Senile insanity.....	43	.....	23	106	.....	69
Epilepsy with insanity.	17	.....	12	46	.....	21
Imbecility, idiocy with insanity	8	.....	2	42	.....	3
Other psychoses.....	296	80	65	766	220	194
*Not insane.....	19	.....	.....	54	.....	.....
Total.....	467	96	131	1,262	275	378

*Includes cases of alcoholism, drug habit, etc.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	24	20	44	.....	.....	.....	355	301	656	29	14	43
One to three months.....	12	22	34	15	9	24	216	209	425	281	143	424
Three to six months.....	4	2	6	13	21	34	101	107	208	285	271	556
Six to nine months.....	.....	.....	.....	4	10	14	54	55	109	152	175	327
Nine months to one year.....	3	1	4	1	1	2	26	16	42	79	81	160
One year to eighteen months.....	.....	1	1	5	6	11	46	37	83	69	81	150
Eighteen months to two years.....	1	3	4	3	.....	3	10	17	27	32	31	63
Two to three years.....	.....	1	1	2	3	5	24	26	50	21	32	53
Three to four years.....	.....	.....	.....	.....	.....	.....	16	7	23	9	15	24
Four to five years.....	.....	.....	.....	2	.....	2	4	2	6	9	5	14
Five to ten years.....	.....	.....	.....	.....	1	1	6	8	14	6	6	12
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	9	7	16	.....	.....	.....
Unascertained.....	1	1	2	.....	.....	.....	105	62	167	.....	.....	.....
Total.....	45	51	96	45	51	96	972	854	1,826	972	854	1,826

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				1	7	8
Influenza.....		1	1		1	1
Diphtheria.....				2		2
Erysipelas.....	2	1	3	18	6	24
Septicemia and pyemia.....				9	2	11
Malarial affections.....				18	25	43
Syphilis.....				1		1
Tuberculosis.....	7	9	16	98	90	188
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....					3	3
Diseases of the digestive system:						
Diseases of the stomach.....				2	2	4
Diseases of the intestines.....	1		1	43	43	86
Diseases of the liver.....		1	1	6	5	11
Diseases of the perito- neum.....				6	2	8
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				2	1	3
Diseases of the bronchi.....	1		1	2	6	8
Diseases of the lungs....	8	10	18	84	85	169
Diseases of the pleura....				9	1	10
Diseases of the circulatory system:						
Diseases of the pericar- dium.....		1	1	2	5	7
Diseases of the heart....	8	11	19	59	69	128
Arterio-sclerosis.....	6	1	7	22	13	35
Aneurism.....				3	2	5
Diseases of the blood and ductless glands:						
Anemia, pernicious ane- mia and leukemia.....				2	4	6

BUFFALO STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Hodgkin's disease, Addison's disease and myx- œdema.....				1	1	2
Exophthalmic goitre.....		1	1		4	4
Diseases of the genito- urinary system.....	3	5	8	38	45	83
Diseases of the nervous system.....						
Diseases of the spinal cord.....				4	1	5
Diseases of the meninges	1	1	2	25	14	39
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	2	4	6	73	59	132
Functional nervous dis- eases (paralysis agi- tans, chorea, eclamp- sia, hysteria, neuras- thenia).....					3	3
Epilepsy.....	2	1	3	39	22	61
Mental diseases:						
Exhaustion of acute mental disease.....	7	2	9	109	97	206
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	16	7	23	315	75	390
The Intoxications: heat- stroke; obesity:						
Alcoholism.....	2		2	3		3
Opium habit.....				1		1
Debility of old age.....	1	4	5	121	111	232
Accident.....		1	1	4	4	8
Suicide.....				10	6	16

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Surgical and gynecological diseases and diseases of the skin				7	4	11
Malignant new growths or cancer	1	2	3	16	30	46
Total	68	63	131	1,155	848	2,003

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch	22	32	54	298	264	562
Maternal branch	19	32	51	276	336	612
Paternal and maternal branches	4	8	12	45	36	81
Collateral branches	11	20	31	300	431	731
No hereditary tendency	99	122	221	2,211	1,859	4,070
Unascertained	40	58	98	1,252	1,110	2,362
Total	195	272	467	4,382	4,036	8,418

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and
and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	93	105	198	2,000	1,386	3,386
Married.....	88	116	204	1,923	1,855	3,778
Widowed.....	13	46	59	383	730	1,113
Divorced.....		2	2	31	42	73
Unascertained.....	1	3	4	45	23	68
Total.....	195	272	467	4,382	4,036	8,418

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men 1	Women	Total	Men	Women	Total
Collegiate.....	10	3	13	90	12	102
Academic.....	11	17	28	210	196	406
Common school.....	140	163	303	2,782	2,450	5,232
Read and write.....	8	9	17	446	324	770
Read only.....	1	2	3	192	219	411
No education.....	15	16	31	273	291	564
Unascertained.....	10	62	72	389	544	933
Total.....	195	272	467	4,382	4,036	8,418

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888								
	DURATION PREVIOUS TO ADMISSION			DURATION PREVIOUS TO ADMISSION								
	PERIOD UNDER TREATMENT			PERIOD UNDER TREATMENT								
	Men	Women	Total	Men	Women	Total	Men	Women	Total			
Under one month.....	8	5	13	16	6	22	100	85	185	204	114	318
One to three months.....	8	7	15	7	2	9	133	91	224	143	86	229
Three to six months.....	6	3	9	5	4	9	84	77	161	115	89	204
Six to nine months.....	2	2	4	2	5	7	78	41	119	85	69	154
Nine months to one year.....	9	8	17	6	2	8	32	19	51	77	48	125
One year to eighteen months.....	4	1	5	4	6	10	107	50	157	100	77	177
Eighteen months to two years.....	4	1	5	1	2	3	37	17	54	66	37	103
Two to three years.....	3	5	8	7	5	12	89	62	151	135	71	206
Three to four years.....	1	1	2	2	3	5	54	38	92	69	53	122
Four to six years.....	4	2	6	4	7	11	62	39	101	75	71	146
Six to ten years.....	1	5	6	12	14	26	63	54	117	67	96	163
Ten to twenty years.....	5	5	10	2	7	9	82	55	137	18	34	52
Twenty years and over.....	6	3	9	.....	.....	.....	46	49	95	.....	2	2
*Not insane.....	.....	.....	.....	.....	.....	.....	2	2	4	1	1	2
Unascertained.....	7	15	22	.....	.....	.....	186	169	355	.....	.....	.....
Total.....	68	63	131	68	63	131	1,155	848	2,003	1,155	848	2,003
Average duration of insane life (years and tenths).....				7.1	9.1	8.1				5.6	7.0	6.3

*Includes cases of alcoholism, drug habit, etc.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.....				1		1
From 10 to 15 years.....		1	1	13	12	25
From 15 to 20 years.....	17	8	25	187	158	345
From 20 to 25 years.....	21	29	50	372	305	677
From 25 to 30 years.....	17	27	44	480	413	893
From 30 to 35 years.....	21	41	62	529	513	1,042
From 35 to 40 years.....	28	36	64	640	507	1,147
From 40 to 50 years.....	37	53	90	907	820	1,727
From 50 to 60 years.....	25	29	54	593	608	1,201
From 60 to 70 years.....	18	25	43	378	389	767
From 70 to 80 years.....	7	16	23	207	230	437
From 80 to 90 years.....	4	3	7	65	66	131
Over 90 years.....		2	2	1	7	8
Unascertained.....		2	2	9	8	17
Total.....	195	272	467	4,382	4,036	8,418

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	8	3	11	69	84	153
From 20 to 30 years.....	14	12	26	262	267	529
From 30 to 40 years.....	10	17	27	276	242	518
From 40 to 50 years.....	6	9	15	213	146	359
From 50 to 60 years.....	5	10	15	103	89	192
From 60 to 70 years.....	1	.....	1	40	19	59
From 70 to 80 years.....	1	.....	1	9	7	16
Total.....	45	51	96	972	854	1,826

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....	.....	.....	.....	3	2	5
From 15 to 20 years.....	1	2	3	17	9	26
From 20 to 25 years.....	5	2	7	40	21	61
From 25 to 30 years.....	1	2	3	45	42	87
From 30 to 35 years.....	4	6	10	101	61	162
From 35 to 40 years.....	9	5	14	160	76	236
From 40 to 50 years.....	14	9	23	239	131	370
From 50 to 60 years.....	7	6	13	187	147	334
From 60 to 70 years.....	12	11	23	165	157	322
From 70 to 80 years.....	11	9	20	140	127	267
From 80 to 90 years.....	4	10	14	54	69	123
Over 90 years.....	.....	.....	.....	1	5	6
Unascertained.....	.....	1	1	3	1	4
Total.....	68	63	131	1,155	848	2,003

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	43	53	96
One to three months.....	19	37	56
Three to six months.....	22	20	42
Six to nine months.....	3	7	10
Nine months to one year.....	9	6	15
One year to eighteen months.....	22	19	41
Eighteen months to two years.....	4	3	7
Two to three years.....	16	15	31
Three to four years.....	11	14	25
Four to five years.....	3	14	17
Five to ten years.....	7	11	18
Ten to fifteen years.....	3	6	9
Fifteen to twenty years.....	3	1	4
Twenty to thirty years.....	2	2	4
Thirty years and upwards.....	1	2	3
*Not insane.....	12	7	19
Unascertained.....	15	55	70
Total.....	195	272	467

* Includes alcoholics and drug habitués.

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	25	16	41
One to three months.....	33	44	77
Three to six months.....	23	35	58
Six to nine months.....	21	30	51
Nine months to one year.....	24	92	116
One year to eighteen months.....	51	48	99
Eighteen months to two years.....	24	38	62
Two to three years.....	60	58	118
Three to four years.....	40	52	92
Four to five years.....	43	43	86
Five to ten years.....	261	319	580
Ten to fifteen years.....	162	201	363
Fifteen to twenty years.....	50	63	113
Twenty to thirty years.....	7	12	19
Total.....	824	1,051	1,875

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, sur- veyors, etc.....	5	.....	5	161	14	175
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeep- ers, shopmen, stenog- raphers, typewriters, etc.....	35	.....	35	662	10	672
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	20	.....	20	608	.....	608
Mechanics at outdoor vo- cations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc..	18	.....	18	788	.....	788
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, tail- ors, weavers, bakers, etc.....	32	.....	32	496	.....	496
Domestic service:						
Waiters, cooks, servants, etc.....	3	59	62	50	893	943
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, &c., ...	7	159	166	46	2,365	2,411

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, typewriters, saleswomen, stenographers, etc.		12	12	.....	62	62
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.		25	25	.....	171	171
Miners, seamen, etc.	3		3	50	.....	50
Prostitutes.		1	1	.....	17	17
Laborers, ...	64		64	1,232	.....	1,232
No occupation.	6	11	17	235	432	667
Unascertained.	2	5	7	54	72	126
Total.	195	272	467	4,382	4,036	8,418

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Antigua				1		1
Austria	3	3	6	24	18	42
Africa				2		2
Armenia				1		1
Australia				2		2
Barbadoes				2		2
Bavaria				1		1
Belgium				1	1	2
Brazil				1		1
Canada	12	23	35	169	258	427
China				1		1
Cuba				1	1	2
Denmark		2	2	7	4	11
England	1	11	12	132	140	272
Finland				3	2	5
France				21	12	33
Germany	28	24	52	581	579	1,160
Greece				2		2
Holland	1		1	7	11	18
Hungary	2		2	13	7	20
Indian (American)				5	6	11
Ireland	11	39	50	354	541	895
Italy	6	6	12	63	30	93
Jamaica				1	1	2
Malta				1		1
Newfoundland					2	2
Norway				9	4	13
Poland	8	9	17	92	99	191
Prussia		1	1		1	1
Russia	3	3	6	26	27	53
Scotland		1	1	25	31	56
Spain					1	1
Sweden	1	3	4	54	47	101
Switzerland				19	10	29

NINETEENTH ANNUAL REPORT OF THE
BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Wales.....				5	4	9
United States.....	117	146	263	2,668	2,119	4,787
Unascertained.....	2	1	3	88	80	168
Total.....	195	272	467	4,382	4,036	8,418

Of the total number admitted since the 1st of October, 1888, the parents of 60.64 per cent were both of foreign birth.

In 3.62 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.08 per cent the parentage on the maternal side was foreign while that on the paternal side was native.

BUFFALO STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cataraugus.....	1		1
Cayuga.....	1		1
Chautauqua.....	2	1	3
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	307	9	316
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	2		2
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	49		49
Lewis.....			
Livingston.....	2		2
Madison.....			
Monroe.....	1	1	2
Montgomery.....			
Nassau.....			
New York.....	27		27
Niagara.....	52		52
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....	5		5
Oswego.....			
Otsego.....			

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam.....			
Queens.....			
Rensselaer.....	1		1
Richmond.....			
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....			
Sullivan.....			
Tioga.....			
Tomkpins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....	5	1	6
Yates.....			
Soldiers' Home.....			
Total	455	12	467

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....		4	4			
Allegany.....	1	2	3			
Broome.....						
Cattaraugus.....	3	3	6			
Cayuga.....						
Chautauqua.....		7	7		4	4
Chemung.....		1	1		1	1
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....						
Erie.....	648	691	1,339	4	9	13
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....	2	15	17			
Greene.....						
Hamilton.....						
Herkimer.....		3	3			
Jefferson.....						
Kings.....		48	48			
Lewis.....						
Livingston.....	2	3	5	1		1
Madison.....		1	1			
Monroe.....	10	7	17	1	1	2
Montgomery.....						
New York.....	39	92	131		2	2
Niagara.....	94	109	203			
Oneida.....	1	1	2			
Onondaga.....		4	4			
Ontario.....				1		1
Orange.....						
Orleans.....	4	13	17			
Oswego.....						
Otsego.....						

BUFFALO STATE HOSPITAL — ANNUAL REPORT

TABLE No. 25 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Putnam.....						
Queens.....		2	2			
Rensselaer.....	1	4	5			
Richmond.....		5	5			
Rockland.....		1	1			
St. Lawrence.....						
Saratoga.....	1		1			
Schenectady.....						
Schoharie.....						
Schuyler.....						
Seneca.....						
Steuben.....	3	1	4		1	1
Suffolk.....	1	1	2			
Sullivan.....						
Tioga.....						
Tompkins.....	1		1			
Ulster.....						
Warren.....						
Washington.....						
Wayne.....		1	1			
Westchester.....		3	3			
Wyoming.....	5	11	16	1		1
Yates.....						
Unascertained.....						
Total.....	816	1,033	1,849	8	18	26

TWENTY-NINTH ANNUAL REPORT
OF THE
MANAGERS
OF THE
Binghamton State Hospital
AT BINGHAMTON, N. Y.
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907

OFFICERS

BOARD OF MANAGERS

MRS. KATHARINE ELY, President.....	Binghamton
JERVIS LANGDON, Secretary.....	Elmira
WILLIAM MASON	Binghamton
GEO. C. BAYLESS	Binghamton
MISS ELLEN T. FISH	Oneida
LYNN J. ARNOLD	Cooperstown
JEROME DE WITT	Binghamton

COUNSEL

HARVEY D. HINMAN	Binghamton
------------------------	------------

RESIDENT OFFICERS

CHARLES G. WAGNER, M. D.....	Superintendent
HORACE W. EGGLESTON, M. D.....	First Assistant Physician
ARTHUR P. SUMMERS, M. D.....	Second Assistant Physician
EDWARD GILLESPIE, M. D.....	Assistant Physician
JAMES V. MAY, M. D.....	Assistant Physician
CHARLES G. LYON, M. D.....	Assistant Physician
ELOISE WALKER, M. D.....	Woman Physician
WILLIAM J. TIFFANY, M. D.....	Junior Physician
WILLIAM A. HARRIS, M. D.....	Junior Physician
EDWIN EVANS	Steward
MRS. LURA SINCLAIR.....	Matron

**Twenty-ninth Annual Report of the Managers of the Binghamton
State Hospital**

To the State Commission in Lunacy:

GENTLEMEN.—We have the honor to submit herewith the twenty-ninth annual report of the Binghamton State Hospital for the year ending September 30, 1907.

Very respectfully yours

KATHARINE ELY
WM. MASON
GEO C. BAYLESS
JERVIS LANGDON
ELLEN T. FISH
LYNN J. ARNOLD
JEROME DE WITT

ANNUAL REPORT

To the State Commission in Lunacy, Albany, N. Y.:

GENTLEMEN.—In compliance with the requirements of the Insanity Law the board of managers of the Binghamton State Hospital submit their annual report of the operations and management of the hospital for the year ending September 30, 1907.

The board has held monthly meetings during the year except occasionally, when owing to the inability of members to attend, meetings were not held. Besides the regular meetings, when the various departments of the hospital were carefully inspected, individual members of the board have made visits to the wards, shops, farms, etc., from time to time, and have given careful attention to the welfare of the patients and to the general management of the hospital. The board is pleased to be able to record its belief that the patients have been comfortably cared for throughout the year and that the operations of the hospital in all of its departments have been conducted with due regard to economy and efficiency.

As regards the general health of the hospital the superintendent's report shows that it has been better than usual. The recovery rate, based on the number of original admissions, was 39.50 per cent, whereas the recovery rate for the previous year computed in the same manner was 29.03 per cent. The death rate based on the whole number of patients under treatment, was 5.98 per cent, whereas the death rate for the preceding year was 6.60 per cent. It will be observed, therefore, that the recovery rate for the year just closed was higher and the death rate lower than during the preceding twelve months.

The most important work of the year, apart from the immediate care of the patients, has been the erection of the large building for the chronic insane known as Broadmoor, which, except for the dining rooms and kitchen, is now practically completed, and the construction of the new acute hospital building, which is well advanced toward completion. When these buildings are occupied the insane population of the hospital will num-

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

ber more than 2,300 persons. As regards the chronic building, this board desires to endorse the recommendation of the superintendent that a frame structure be built in the rear of Broadmoor to be used as a temporary kitchen, pending the construction of the permanent structure for which the contract has been made with the R. T. Ford Company of Rochester, N. Y. If this recommendation should meet with your approval, accommodations would be almost immediately available for about 500 patients in a building which otherwise must be warmed and cared for during the coming year, but which will necessarily remain unoccupied, and, therefore, useless.

Another important work of the past year has been the removal of the barns, sheds and other buildings from in front of Broadmoor, where they were unsightly and unsanitary, and their erection on other sites, where they will be more convenient and more useful for the purposes they are designed to serve. These buildings were the cow barn, horse barn, pig pens, abattoir, grist mill and wagon sheds. The cow barn has been rebuilt at the Parkhurst farm, and, with the large stone silo, which forms a part of it, is now a thoroughly up-to-date barn, where the principal herd of cattle belonging to the hospital is cared for.

The enlargement of the laundry, noted in our last report, has been completed and orders have been placed for the required equipment, which will provide facilities for the additional work in the laundry which we shall be called upon to perform when the new buildings for patients are opened.

The board desires to record its appreciation of the prompt and energetic work of the hospital employes in coping with a fire which occurred in the laundry about four o'clock in the morning, March 28, 1907, as a result of spontaneous combustion in the drying room. The fire had gained considerable headway before it was discovered, but the efficient work of the hospital fire department soon controlled it and the resulting damage did not exceed \$2,000. In this connection we would also mention the great additional protection the hospital has now available through the extension of the Binghamton city fire alarm service to the hospital premises. An alarm box located in our electric plant enables us to call instant aid from the city whenever a fire occurs in the institution. This extension of the city service was made by the city without expense to the hospital, and is thoroughly appreciated. Other improvements made by the city which have

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contributed to the welfare of the hospital has been the improvement of the highways by macadamizing the road beds, constructing iron bridges and erecting electric lights.

We note with regret that the apportionment of funds provided by your commission for the reconstruction of Ward 3 has been cancelled. We trust your commission will renew this apportionment so that the patients on Ward 3 may be temporarily removed to other quarters before the new building for the chronic insane is filled by transfers from other hospitals, as it will be necessary to vacate Ward 3 while the desired repairs are being made.

Repairs at the farm cottage known as Parkhurst were commenced during the summer under the legislative appropriation made for that purpose, but, by instructions received from your commission in August, they were discontinued pending further consideration of the plans and specifications. We trust that this work may be resumed soon and that provision for the further enlargement of this cottage may be made so that it will afford accommodations for twenty-four patients instead of ten, which will probably be the limit under the appropriation now available.

For further improvements to the hospital the Legislature last winter made appropriations as follows:

Dining room and kitchen, addition to building for chronic insane	\$50,000
Nurses home and equipment.	81,000
Roads and walks about new chronic and acute buildings, ...	1,500
Reconstruction of the lighting, heating and power plant, ...	46,000
Telephone conduit and cables to new building.	1,404
Improvement of water supply and new lines.	7,500
Fan and motor, main building.	1,000
Constructing new power plant (re-appropriation).	13,000
Extension of water main and new hydrants.	417

The kitchen and dining-room building for which the appropriation was made last winter will soon be commenced under the contract your Commission has made with the R. T. Ford Company, of Rochester, N. Y. The State Architect is engaged on the plans and specifications for the new nurses' home, and for the reconstruction of the power plant. The other improvements for which

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appropriation have been made will be undertaken as soon as practicable.

The farming operations have been successfully carried on during the past year, and the crops have been satisfactory. The potato crop has been unusually large. When the potatoes are all dug we shall have harvested about 7,500 bushels, a quantity which causes some embarrassment owing to our limited facilities for properly housing them.

The cost of maintaining the hospital for the year ending September 30, 1907, as shown by the treasurer's report, was \$311,925.57. This total is made up of the disbursements authorized by your Commission under the twelve headings known as estimates as follows:

Officers' salaries	\$17,893 44
Wages	115,998 96
Provisions and stores	91,901 71
Ordinary repairs	7,663 94
Farm and grounds	8,838 33
Clothing	9,623 39
Furniture and bedding	5,851 55
Books and stationery	2,120 05
Fuel and light	40,071 39
Medical supplies	1,700 28
Miscellaneous	8,228 70
Transportation of patients	2,033 83
Total	\$311,925 57

The annual per capita cost on this expenditure was \$197.547, but owing to shortage of funds in the State treasury available for the maintenance of the State hospitals during the period covered by this report vouchers amounting to \$5,256.75 were returned to the hospital by your Commission for payment in the ensuing year's accounts, making the apparent per capita cost for the year ending September 30, 1907, \$194.217.

In this connection we desire to call your attention to the great reduction made by the Legislature last winter in the amount of funds available for the maintenance of this hospital for the year

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commencing October 1, 1907. If we are correctly informed, the per capita allowance is about ten dollars less than the actual disbursements of the year just closed. This limitation has been still further reduced by the transfer of the vouchers above referred to to the accounts of the coming year, and the management of the hospital will, therefore, be called upon to maintain its patients on less than fifty cents per day. Food and clothing must be provided, salaries and wages paid, repairs made, fuel and light and furnishings supplied, and many other disbursements made, all out of this small sum.

That the hospital will experience great embarrassment during the coming year, especially as regards repairs, furnishings and other equipment, if the limit set by the Legislature of last winter is to be observed, is inevitable.

As regards the betterments and repairs which we believe are now needed, and which should be provided for by the Legislature during the coming session, we would commend the following to your careful consideration. A surgical pavilion and chemical laboratory; renewal of window casings and sash throughout the south wing of the main building; addition to the Parkhurst cottage for the accommodation of twelve additional patients; enlargement of the cold-storage facilities; glass enclosed verandas for the west building; glass enclosed verandas for Wards 5 and 6; electric truck; larger storehouse; farmer's cottage; alterations in the farmer's cottage to provide for physician's residence; removal of the florist's house; telephone connections with the acute building; the south and west buildings, Sunnyside cottage and the water works; drinking fountains; vitrified pipe for sewer and surface water disposal; addition to pig pen; steam-road roller; repairs to Ward 3; teamsters' quarters; cementing cellar bottom of east building; lumber-drying kiln; ice house at Parkhurst farm; extension of the fire-alarm system; renewal of roofs of cottage and barns at the Parkhurst farm, renewal of the veranda roof at Morningside cottage and fire protection.

These items are discussed at length in the report of the superintendent, which we forward to your commission herewith, and we trust they will be given the consideration their importance merits. To recapitulate, the items asked for with the appropriations required, are as follows:

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RECAPITULATION.

Surgical pavilion and chemical laboratory.....	\$15,000
Renewal of window casings and sash throughout the south wing of the main building.....	3,200
Addition to the Parkhurst cottage for the accommoda- tion of twelve additional patients.....	5,000
Enlargement of cold-storage facilities.....	3,000
Glass-enclosed verandas for the west building.....	1,100
Glass-enclosed verandas for Wards 5 and 6.....	2,000
Electric truck	3,600
Larger storehouse	5,000
Farmer's cottage	2,500
Alterations in the farmer's cottage to provide for physician's residence	1,000
Removal of the florist's house	500
Telephone connections with the acute building, the south and west building, Sunnyside cottage and the water works	2,500
Drinking fountains	600
Vitrified pipe for sewer and surface water disposal....	500
Addition to pig pen	1,000
Steam road roller	2,000
Repairs to Ward 3.....	1,800
Teamsters' quarters	750
Cementing cellar bottom of east building.....	550
Lumber drying kiln	1,000
Ice house at Parkhurst farm.....	500
Extension of the fire-alarm system.....	615
Renewal of roofs of cottage and barns at the Parkhurst farm	1,000
Renewal of the veranda roof at Morningside cottage...	250
Fire protection	3,000

It is with profound regret that we record the resignation of Hon. Andrew J. French as a member of this board. Mr. French had long been identified with the management of the hospital and always manifested a warm interest in its affairs. To fill the vacancies caused by the resignation of Mr. French and the death of Mr. C. F. McCormick, which occurred during the preceding

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year, Governor Hughes has appointed Hon. Lynn J. Arnold, of Cooperstown, N. Y., and Hon. Jerome De Witt, of Binghamton, N. Y.

In conclusion we would acknowledge our obligations to your commission for the consideration you have at all times shown our board and for the courteous manner in which you have treated the many requests we have made for the betterment of the hospital and the promotion of the welfare of its inmates.

Respectfully submitted,

KATHARINE ELY
WM. MASON
GEO. C. BAYLESS
JERVIS LANGDON
ELLEN T. FISH
LYNN J. ARNOLD
JEROME DE WITT

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REPORT OF THE SUPERINTENDENT

To the Board of Managers:

LADIES AND GENTLEMEN.—As required by the Insanity Law I submit herewith my report of the operations and management of the Binghamton State Hospital for the year ending September 30, 1907. During this period no new accommodations have been opened for the reception of patients, but there has been a gradual increase in the population so that at the present time our wards are crowded far beyond their capacity.

The following table shows the movement of the patient population during the twelve months covered by this report:

	Men	Women	Total
Remaining October 1, 1906.....	710	849	1,559
Admitted during year ending September 30, 1907.....	128	119	247
From residences	117	112	229
By transfers from county houses.....	6	4	10
By transfers from other institutions for insane	5	3	8
Total number under treatment during year	838	968	1,806
Daily average population.....	723.9	855.7	1,579.6
Capacity of institution.....	718	805	1,523
Discharged during year:			
As recovered	29	32	61
As improved	14	19	33
As unimproved	6	4	10
As not insane	2	1	3
Died	54	54	108
Whole number discharged during year,	105	110	215
Remaining October 1, 1907.....	733	858	1,591
Percentage of recoveries on original admissions.....	39.50		
Percentage of deaths on whole number treated....	5.98		

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ADMISSIONS

Of the 247 patients admitted during the year 229 were brought from home; 10 from county houses, and 8 from other institutions for the insane. Of the number admitted 25 per cent had previously been under treatment in institutions for the insane, and 94 were over 50 years of age.

The total number of patients under treatment during the year was 1806; the largest number under treatment at one time was 1,606; the average daily population was 1,579.6, and the number remaining under treatment at the end of the year was 1,591.

DISCHARGES

Of the 215 patients discharged during the year 61 were recovered, and of this number 18 were insane less than one month; 49 were insane less than six months previous to admission. Fifty-one of the patients discharged as recovered were under treatment less than one year.

Of the patients discharged recovered, F. P., without friends in this State, was taken to relatives in Kentucky who had expressed a willingness to care for her. M. T., another patient, discharged as recovered, was accompanied by a nurse to Kansas City, where she was met by relatives who took her to their home at Shields, Kansas.

Thirty-three patients were discharged as improved, and of this number 31 were returned to their homes; 1 was transferred to the Rochester State Hospital, and 1 eloped.

Ten patients were discharged as unimproved, and of this number 6 were returned to the care of friends, 3 eloped and 1 was transferred to the Providence Retreat, a private institution for the insane. One of the patients discharged as unimproved, S. W., had been in the hospital for more than 15 years, and was removed by relatives who took him to his former home in Hungary. Three patients were discharged as not insane.

There were 108 deaths during the year, and of this number 57 were suffering from terminal dementia. The average duration of insanity previous to admission of those who died was 4 years and 1 month; the average period under treatment was 7 years and 1 month; and the average age was 60 years. Seven women and 4 men died of pulmonary tuberculosis at the pavilion Edgewood during the year.

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It is worthy of note that the percentage of recoveries was somewhat higher, and the percentage of deaths somewhat lower than during the previous twelve months.

Although the general health of the hospital has been exceptionally good three employes and one patient have suffered from typhoid fever. It is possible that the employes contracted the disease while away from the hospital, but in the case of the patient the fever was probably due to something he ate or drank while a patient here. To guard against the introduction of typhoid fever in the hospital strenuous efforts have been made. The water used for drinking purposes has been boiled so far as practicable, and general instructions have been issued to employes to avoid the use of unboiled water, and to prevent patients from drinking it. It is hoped that under the appropriation made last winter for the improvement of the water supply we shall soon be able to draw all the water we require from driven wells instead of drawing part of it from the river as is now necessary.

PATHOLOGICAL LABORATORY

There were 63 autopsies during the year bearing a relation of 58 per cent to the number of deaths. Of these 7 were cases of general paresis; 37 terminal dementia; 1 acute melancholia; 2 chronic melancholia; 4 epilepsy; 2 acute mania; 3 chronic mania; 3 circular insanity; 1 imbecility; 2 primary dementia, and 1 of paranoia.

The following table shows the causes of death found at these autopsies:

Chronic endocarditis	20
Lobar pneumonia	6
Pulmonary tuberculosis	14
Softening of the brain	2
General paresis	4
Cystitis and pyelonephritis	1
Peritonitis	1
Gumma of the brain	1
Erysipelas	1
Pleurisy	2
Asphyxiation from food in trachea	1
Hypernephroma	1

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Pericarditis, acute	1
Mitral stenosis	1
Broncho pneumonia	2
Cardiac hypertrophy with dilatation	2
Cerebral hemorrhage	1
Ulcer of duodenum	1
Chronic interstitial nephritis	1

The average age was 57.9.

Of the 63 cases which came to autopsy 57 showed either thickening or atheroma of the mitral valve; 51 atheroma of the aorta; 36 atheroma or thickening of the tricuspid valve; 35 hypertrophy of the left ventricle; 31 atheroma or thickening of the aortic valve; 14 dilatation of the right side of the heart, and 10 evidences of a former pericarditis.

In five cases in which death was due to other causes healed tubercles were found. Gall stones were found in 6 cases which gave no previous history or symptoms of gall stones. Of the 14 cases of pulmonary tuberculosis tubercles were found in the intestinal tracts in 8 cases; in the liver in 5; in the spleen in 3; in the kidney in 1, and in the adrenal in 1. In one case there were tubercles in the appendix. One case showed a duodenal ulcer, a nodular enteritis and tubercles in the liver without any tubercles anywhere else, the lungs being normal. In four cases arteriosclerotic softening of the brain was observed. One tubercular supernumerary spleen was found. In one case there was a hypertrophy of the pituitary body with hyaline degeneration and calcification of the anterior lobe. One fibro-sarcoma of the parotid gland was recorded, and one acute parotitis was found in a case of general paresis. One case of more than usual interest showed a hypernephroma of the right kidney weighing 3,180 grms. and measuring 10 x 20 x 15 cms.

CHEMICAL AND PHARMACEUTICAL LABORATORY

In the chemical and pharmaceutical department our chemist, Mr. B. E. Nelson, has done a large amount of work for this hospital and for other institutions under the direction of the State Commission in Lunacy. The following table shows the nature of the analyses he has made:

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	For this hospital	For other hospitals	Total
Foods, liquors, etc.	61	18	79
Drugs and medicines	4	3	7
Waters (sanitary)	5	1	6
Waters (industrial)	2	1	3
Oils (lubricating)	29	22	51
Oils (fuel)	6	....	6
Paints, etc.	9	40	49
Gases (chimney)	5	....	5
Coal (proximate analyses)	17	27	44
Coal (ultimate analyses) .....	....	5	5
Coal (determination of heating value) .	37	27	64
Miscellaneous	10	11	21
	185	155	340
Estimated time required (days)	94	124	218

The analyses of foods, liquors, and drugs have shown nearly the same variations as in former years, consisting in most cases of only such occasional departures from standards as might be due to natural or accidental causes without any wilful attempt to deceive on the part of the dealer. In a small number of cases, however, lower commercial grades have been substituted for those specified.

Many tests of lubricating oils have been made with a view to securing satisfactory lubricants at more reasonable rates. While many samples sent to our laboratory for tests have made good showings, subsequent deliveries have often been disappointing, and it has been found necessary to use double quantities of the cheaper oils to obtain sufficient lubrication, besides the added annoyance of increased attention and the damage to machinery on account of wear, gumming, etc.

Paints and painting materials generally have been found grossly adulterated with cheapening materials. As some of these substances are designed to partially replace the old line pigments and oils throughout the hospital service during the ensuing year it will be interesting to watch the results from the economic point of view.

Fuels and fuel testing have received a great deal of attention in our laboratory during the year. In addition to furnishing the

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data desired at the time of making the tests, these tests have, we think, been sufficiently numerous to admit of some general conclusions.

Shipments of coal as delivered to us commercially vary from 9,250 to 12,800 British thermal units per pound in heating value for anthracite and from 13,350 to 15,400 British thermal units for soft coals. Size, content of volatile combustible matters, and clinkering of ash being equal, the total heating values of coals are direct measures of their actual intrinsic value to the consumer. The selection of the size and volatile content best suited to a particular furnace and grate lies within the province of the engineer and is generally best determined by a practical firing test which will also reveal any tendency toward troublesome clinkering, but the heating value should be determined by combustion in oxygen gas under high pressure in a closed bomb calorimeter after the Berthelot method, as quite extensive experiments here have convinced us that all other methods as yet proposed yield results which are only approximate at best. Even properly conducted boiler tests, while very useful for the purpose which their name indicates, are subject to too great irregularities to allow of close comparison between different lots of coal.

STAFF MEETINGS

Staff meetings have been held regularly during the past year, usually twice each week. At these meetings many cases have been presented and discussed by the members of the staff. Many special reports on various topics have also been presented and much benefit has been derived from their discussion. These meetings are unquestionably of great benefit to the officers of the institution as it brings them all in touch with both medical and administrative matters which otherwise would only come to the attention of the superintendent or first assistant. Dissemination of general information is often of great value to the subordinate officers and cannot fail to enhance their usefulness when they are promoted to higher positions.

TRAINING SCHOOL FOR NURSES

The training school for nurses has been in operation during the past year as usual. The classes have not been quite as large as heretofore, but much interest is now shown by the attendants

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throughout the hospital, and we look for larger classes with the opening of the training school this fall. The general curriculum to be followed will be about the same as in previous years. The Wise text-book, although inadequate as a guide for teaching, will be used in part as there seems to be no entirely satisfactory substitute available. The Clara Weeks-Shaw text-book will also be used. These two books, together with the practical instruction at the bedside and in the laboratory, and instruction in the methods of preparing special dietaries for the sick, will constitute the course of instruction the training school will endeavor to impart to its pupils during the coming year.

HYDROTHERAPY

Baths have been given to selected cases from the women's wards every morning by a special attendant, assisted by the seniors from the training school for nurses, each senior spending four hours weekly for three months in the bath room.

Total number of baths given was.....	4,424
Daily average hot-air baths.....	14
Daily average Sitz baths	4
Daily average prolonged baths (94 to 97 degrees).....	1
Daily average circular spray (alone).....	2
Total number of patients who have received hydro- therapy	50
Total number showing marked improvement.....	29
Total number showing temporary improvement.....	2

The baths have been prescribed with marked benefit in a variety of conditions, including cases of endometritis, amenorrhoea, morphinism, incontinence of urine (in dementia præcox), rheumatism, malnutrition following icterus, maniacal excitement, depression, etc.

The greatest improvement has been noted in patients below the standard physically. The baths certainly hastening convalescence by improving their elimination and nutrition. Several such patients who previously spent the day sitting with folded hands, after receiving hydriatic treatment, have been able to be of use on the wards, polishing floors, washing dishes, etc., and making clothing in the sewing room. Many special baths have also been

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given to men patients, but as we have only one hydrotherapeutic bath equipment this work could not be carried on as extensively as is desirable.

OPERATIVE TREATMENT

In a considerable number of cases among the women patients operative treatment has been found necessary. Of the operations performed the most important have been the following: Rectal abscess, opened and drained; hysterectomy; excision of breast (epithelioma); hip abscess (tuberculosis), opened and drained; perineorrhaphy; curettage; trachelorrhaphy; removal of hemorrhoids by clamp and cautery; and amputation of cervix. To Dr. W. A. Moore, of Binghamton, N. Y., we are indebted for valuable advice and assistance. The hysterectomy was performed by him assisted by members of the hospital staff.

TUBERCULOSIS PAVILION

The tuberculosis pavilion, Edgewood, has now been in operation somewhat more than two years and the results as shown by the condition of the inmates have been gratifying. This pavilion has enabled us to segregate a class of patients who were previously a menace to the welfare of the general hospital, and thus benefit them while eliminating a source of danger to others.

At Edgewood these tubercular patients have quarters designed especially for their welfare, with facilities adapted to their care and treatment. They have a great deal of freedom, are encouraged to spend as much time as possible in the open air and sunshine, many of them spending the entire day out of doors. The stronger ones in the adjacent forest and about the hospital grounds, and the weaker ones on the wide verandas which extend along the south front of the building.

These patients have special diet provided for them, consisting largely of eggs and milk in addition to the regular diet of the hospital, and in many cases they are allowed four or five meals each day. Nearly all the patients received at Edgewood gain in weight and show marked improvement, both mentally and physically. Restless cases become quiet, cough, expectoration and temperature diminish, and their lives are thus not only prolonged, but they are made much more comfortable.

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AFTER-CARE

For the purpose of extending aid to recovered patients who have left the hospital, but who have no homes to go to, a local committee of the After-care Association has been formed. This committee consists of Mrs. Katharine Ely, Miss Clara A. Holmes and Mr. Charles E. Lee, of Binghamton, and Mrs. Anna B. Pratt, of Elmira. During the past year, in a number of instances, material aid has been extended to such patients by assisting them in securing employment or providing them with living accommodations until their earnings were sufficient to enable them to secure rooms and board without such aid. Two such patients were allowed to sleep and take their meals at the hospital for a fortnight after beginning work in a neighboring factory; another was given a letter to a company employing many men and was immediately given a satisfactory position. Two were employed in the hospital at work for which their abilities adapted them, and similar aid has been extended to others. This timely assistance was unquestionably of great benefit to these patients at critical periods in their lives.

IMPROVEMENTS

The most important improvement made at this hospital during the year covered by this report has been the erection of two new buildings for the care of the insane. These buildings are the acute hospital for the treatment of presumably recoverable cases and the chronic building designed more especially with a view to custodial care. The chronic building is now nearly finished and would be ready for occupancy soon if kitchen and dining-room facilities were available. This building does not include these departments, but a contract has been made for a building which will provide for them with the R. T. Ford Company, of Rochester, N. Y. It will require a year or more, however, for the construction of this building. To avoid this long delay in using the main structure it is recommended that a temporary kitchen of cheap construction be built at a cost of about \$500. If this plan should meet with approval, the chronic building would be ready for nearly 500 patients immediately.

The acute building is slowly but steadily approaching completion. When finished and properly equipped it will provide better facilities for the care and treatment of curable cases than have heretofore existed anywhere in the State hospital service. It

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appears, however, from the instructions we have received from the State Commission in Lunacy that the funds available for the equipment of this building are so limited that unless further provision shall be made its usefulness will be seriously impaired. The building itself is of costly construction. Space has been set aside within it for the hydrotherapeutic equipment, special diet kitchen, examination rooms, apartments for physicians and administration offices. From the funds available for furnishings and equipment there is barely sufficient to provide for the wards, general kitchen, dining rooms and apartments occupied by employes. Unless funds are available from other appropriations heretofore made an additional appropriation should be obtained for the equipment of this building, amounting to about \$7,000.

To provide facilities for washing, ironing, etc., for the larger population which will come to the hospital in the near future an addition of nearly thirty feet in length has been built at the laundry. This construction, together with all the work in connection with the removal of the barns and other buildings which will be referred to later, has been done by the hospital without contract, the necessary materials and labor having been purchased under the appropriations provided therefor. The equipment for the addition to the laundry has been ordered and will doubtless be installed before the new building for the chronic insane is opened.

Under an appropriation obtained for the purpose, the main cow barn, formerly in front of the new chronic building, was taken down during the summer and rebuilt at the Parkhurst farm in connection with an old barn which was partly rebuilt, the resulting structure, together with a new stone silo which was also erected, provides much better accommodations for our principal herd of cattle than we had previously possessed. The horse barn, which formerly stood in front of the chronic building, has been removed to a better location near the easterly line of the hospital property. A new stable for the horses underneath the main portion of the barn has been constructed. This stable is better lighted and more convenient than the old one. The wagon shed and grist mill formerly in front of the chronic building have been moved to new sites near the horse barn, where they are more suitably located than formerly. An important result in these changes, besides increasing the usefulness of the barns, sheds, etc., removed, has been the clearing of the ground in front of the chronic building so that the outlook from this structure is now exceptionally fine.

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Under an appropriation made by your Commission early in the year the tin roof on the main building, which was in bad condition, has been replaced by a new roof. This roof has been thoroughly painted, and will undoubtedly last many years. At Morningside cottage a new boiler has been installed to replace the old one which, after fifteen years service, had burned out. Extensive renewals and repairs have been made in the boiler houses and to the main steam line to maintain them in commission until the new power plant shall be available.

Under an appropriation made by the Legislature for that purpose the work of reconstructing the Parkhurst farm cottage was commenced during the summer in accordance with plans, specifications and estimates approved by the State Commission in Lunacy. In August, however, a letter was received from the Commission directing that all work on this building be discontinued pending the fall visit of the Commission and the further consideration of the plans. The building is now partly dismantled and without heating apparatus, bath rooms or water closets. Unless some further provision can be made for its occupancy during the coming winter we shall be obliged to abandon it.

In a number of the wards and in some of the buildings occupied by employes new plumbing has been installed to take the place of old construction condemned on account of unsanitary conditions. To provide for prompt communication with the Parkhurst farm a telephone line has been erected and a telephone installed in the cottage. These items, together with many others of less magnitude, but of great importance to the hospital, have occupied our mechanical forces fully throughout the year.

The farming operations have been conducted along the usual lines with satisfactory results. Notwithstanding the large acreage owned by the hospital it has been found necessary to continue the practice of renting some additional lands to provide pasturage for the dairy. For this purpose we have had the use of 200 acres of an adjoining farm known as the Hayes farm. So long as this farm can be rented the hospital may be able to get along without purchasing more land, but in view of the growing difficulty of obtaining sufficient milk for the hospital requirements the question of acquiring some additional farm lands should have consideration. It would unquestionably be both desirable and economical for the hospital to possess a dairy of sufficient size to produce all the milk it needs.

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The following table shows the extent to which patients have found occupation during the year, the kinds of employment and the number engaged in each:

	Men	Women	Total
Dining-room.....	14,580	24,600	39,180
Fancy work.....		7,220	7,220
Farm.....	25,235		25,235
Garden.....	1,250		1,250
Grounds.....	7,560		7,560
Hall work.....	47,770	55,802	103,572
Heating plant.....	8,220		8,220
Kitchen.....	8,125	9,125	17,250
Laundry.....	7,860	12,168	20,028
Shops.....	10,296	13,104	23,400
Total.....	130,896	122,019	252,915

Special tables referring to the medical service, employes, etc.

MEDICAL SERVICE.

Number of physicians including internes	Ratio of physicians in service	Annual per capita cost of medical service
9	1 to 175	\$9.59

EMPLOYES

Total number of employes	Ratio of all employes to patients	Ratio of attendants to patients	Annual per capita cost of all employes
318	1 to 4.97	1 to 7.6	\$73.464

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FUEL AND LIGHT

Total annual cost	Annual per capita cost	Total number of tons of coal consumed	Average purchase price per ton
\$36,108.49	\$22.868	16,325	\$2.448

RECOVERIES

On original admissions, 39.50 per cent.

DEATHS

On whole number treated, 5.98 per cent.

The following classification of the expenditures shows the total cost of maintenance in the several departments of the hospital and the annual and weekly per capita cost in each:

	Weekly per capita	Annual per capita	Total cost
Officers' salaries.....	\$0.218	\$11.332	\$17,893 44
Wages.....	1.413	73.464	115,998 96
Provisions and stores.....	1.115	57.937	91,482 49
Ordinary repairs.....	.093	4.839	7,640 89
Farm and grounds.....	.107	5.347	8,757 60
Clothing.....	.115	6.071	9,586 27
Furniture and bedding.....	.070	3.651	5,764 69
Books and stationery.....	.026	1.343	2,120 05
Fuel and light.....	.440	22.868	36,108 49
Medical supplies.....	.021	1.076	1,700 28
Miscellaneous.....	.092	4.793	7,568 80
Transportation of patients...	.025	1.296	2,046 76
Total.....	\$3.735	\$194.217	\$306,668 72

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The average purchase price, per capita cost per annum, and quantity consumed of staple articles of food for the year ending September 30, 1907, is shown in the following table:

ARTICLES	Average purchase price	Annual per capita cost	Quantity consumed
Fresh meats, per pound...	\$0.062	\$13.365	337,338 lbs.
Poultry, per pound...	.161	.481	4,704 lbs.
Wheat flour, per barrel...	3.827	5.332	2,200 bbls.
Butter, per pound.....	.259	10.698	65,096 lbs.
Cheese, per pound.....	.132	1.085	12,897 lbs.
Milk, per quart.....	.0322	6.965	341,145 qts.
Eggs, per dozen.....	.212	5.088	37,798 doz.
Tea, per pound.....	.138	.408	4,690 lbs.
Coffee, per pound.....	.109	1.459	20,966 lbs.
Sugar, per pound.....	.048	2.713	88,892 lbs.
Fresh fish, per pound.....	.049	1.618	52,000 lbs.
Potatoes, per bushel.....	.531	2.484	7,387 bu.
Crackers, per pound.....	.052	.373	11,308 lbs.
Rice, per pound.....	.032	.200	9,850 lbs.
Beans, per bushel.....	1.549	.473	483 bu.
Liquors, per gallon.....	2.021	.202	158 gals.

REPAIRS AND IMPROVEMENTS NEEDED AT THE BINGHAMTON STATE HOSPITAL DURING THE YEAR COMMENCING OCTOBER 1, 1907

SURGICAL PAVILION AND CHEMICAL LABORATORY

The hospital has long been in need of better facilities for surgical work. Many cases, especially among women, offer opportunities for surgical treatment which would unquestionably be of great benefit to them, both as a relief from distressing physical conditions and as a potent influence in the restoration of normal mental health. A suitable pavilion for surgical work should be erected in the rear of the main building and connected with it by means of a corridor. The operating room, with its adjuncts in the way of rooms for etherization, sterilizing apparatus and other equipment, should be provided for on the second floor. On the first floor there should be an analytical chemical laboratory. The hospital chemist is called upon to make many commercial as well as technical scientific analyses for this hospital

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

and for a number of the other hospitals in the State, to determine composition, values, etc., as is fully shown in another part of this report, where his work is reviewed in detail. The limited facilities the chemist now has often embarrass and delay the extremely valuable work he is doing. A building suitable for both of the purposes I have outlined could be erected for about \$15,000.

RENEWAL OF WINDOW CASINGS AND SASH THROUGHOUT THE SOUTH WING OF THE MAIN BUILDING

For many years past the window sash and casings of all the windows in the south wing of the main building have been in a dilapidated condition. The sash and casings have been in service nearly half a century and much of the woodwork has become so rotten that repairs can no longer be satisfactorily made. The sash are falling to pieces, and, in many places, are so rickety that they do not fit the casings and allow much cold air to enter during the winter season. New casings and sash throughout this section of the building should be provided. The cost would be approximately \$3,200.

ADDITION TO THE PARKHURST COTTAGE FOR THE ACCOMMODATION OF TWELVE ADDITIONAL PATIENTS

The farm cottage known as "Parkhurst" consists of a main structure two stories in height and a small one-story addition in the rear used as a kitchen. The building needs general overhauling and equipment in the way of heating, lighting and furnishing. Provision for repairs to the main building has been made by special appropriation, but if the repairs are made along the lines originally contemplated the cottage will not accommodate more than ten or twelve patients. By building an addition in the rear, about 30 x 56 feet in size and two stories in height, the cottage will accommodate twenty-four patients and will be provided with a bath room, a patient's dining room, a kitchen, dormitories, clothes room, shoe room, lavatory, etc., of sufficient size to care for the number of patients above indicated in a comfortable manner. Adjacent to this cottage the main barns are now located where the principal dairy is maintained, and it is highly desirable, therefore, that a considerable force of working patients should reside in the building so that the farm work may

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

be properly taken care of. The cost for the construction indicated, and the complete equipment for the same, would be \$5,000.

ENLARGEMENT OF THE COLD-STORAGE FACILITIES

To provide for more adequate facilities for caring for milk and other dairy supplies an addition to the cold-storage building should be built in the rear. The building is now in the form of an L, so that two sides of this addition exist. It would be necessary, therefore, to build but two additional sides with the roof and flooring to complete the storage space required. With the great increase in the size of the hospital there will be urgent need of this addition to the cold-storage building. An appropriation will be needed in the sum of \$3,000.

GLASS ENCLOSED VERANDAS FOR THE WEST BUILDING

The old verandas on the south side of the west building are badly decayed; they are but one story in height and open to the weather. It is believed that new verandas should be provided and that they should be made two stories instead of one, so that the patients from the upper wards might have the benefit of air and sunshine which now is often denied them. The cost of this construction would be approximately \$1,100.

GLASS ENCLOSED VERANDAS FOR WARDS 5 AND 6

These wards face the north and west; they receive scarcely any sunlight from the south and east. It is believed that verandas on the east side, where patients might have the benefit of the morning light and sunshine, would be of great benefit to them. These verandas could be constructed for \$2,000.

ELECTRIC TRUCK

The hospital is situated about three miles from the railway stations, where the bulk of our supplies which come by rail are delivered, and from which it is now necessary to draw them with teams to the hospital. This is a slow and laborious process requiring a number of horses, and, with the enlargement of the institution now in progress, such hauling will be greater in future than ever before. There are in the market a number of electric trucks capable of transporting from three to four tons rapidly and easily where the roads are suitable. Our highways are now macada-

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mized, and, therefore, furnish ideal conditions for the use of such trucks. It is believed the purchase of one for the hospital would not only facilitate the work of delivering supplies to a great extent, but that it would be highly economical in its operation. The hospital possessing its own electrical plant would be practically at no expense to charge the batteries, and there would be no loss of time as the charging would take place during the night when the truck was not required for service. For the purchase of this truck there would be needed an appropriation of \$3,600.

LARGER STOREHOUSE.

With the great enlargement of the hospital made during the past year and the corresponding increase in our population additional facilities are now needed for the storing of potatoes, cabbage, turnips, etc., and for other supplies from the farm and gardens. A structure of sufficient size to take care of all such supplies should be erected with ample basements along the hillside east of the chronic building, Broadmoor. Such a building, suitable for our purposes, will probably cost \$5,000.

FARMER'S COTTAGE

There should be erected on the high ground northeast of the new chronic building, Broadmoor, a small residence suitable for the farmer. The building now occupied by the farmer, and standing in front of Broadmoor, is needed as a residence for the physicians who will have charge of the six or seven hundred patients in the chronic building. A cottage suitable for the use of the farmer could be erected for \$2,500.

ALTERATIONS IN THE FARMER'S COTTAGE TO PROVIDE FOR
PHYSICIANS' RESIDENCE

The house now occupied by the farmer as a residence is in close proximity to the new chronic building, Broadmoor. This building will house between six and seven hundred patients, and the physicians who have the immediate care of this large number of inmates should reside near the building so that prompt attention may be given in case of sickness or accident. This farmer's cottage could be remodelled at comparatively small cost and refurnished in a manner suitable for the physicians' use. The total cost would not exceed \$1,000.

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REMOVAL OF THE FLORIST'S HOUSE

The small house occupied by the florist is located a short distance east of the new chronic building, Broadmoor. It should be removed to a location near the proposed site of the farmer's cottage somewhat north of Broadmoor. The ground where this cottage now stands would then be available as part of the exercising ground for the patients from Broadmoor. The cost of this removal would be not to exceed \$500.

TELEPHONE CONNECTIONS WITH THE ACUTE BUILDING; THE SOUTH AND WEST BUILDINGS, SUNNYSIDE COTTAGE, AND THE WATER WORKS.

To provide proper telephone connections with the new acute building, the south and west buildings, Sunnyside cottage and the water works, underground cables should be laid from the main building to all these structures. A single main cable should be laid to a central point south of the main building from which smaller cables would radiate to the various structures above named. The cost of the required conduit, cables, etc., for this construction would not exceed \$2,500.

DRINKING FOUNTAINS

During the summer months it is highly desirable that the patients should spend as much time out of doors as possible. During such outings many patients desire drinking water which it is impracticable to obtain for them owing to the distance they are from the wards. To overcome this difficulty there should be installed at various points about the hospital premises drinking fountains. Half a dozen of these could be obtained and set up at a cost of \$600.

VITRIFIED PIPE FOR SEWER AND SURFACE WATER DISPOSAL

About 350 feet of 8-inch vitrified pipe for sewer connections should be provided to connect with the closets at the west end of the north building and to extend to the new main sewer provided for the superintendent's residence. When the north building was erected it was not intended to occupy the basement for ward purposes. The main sewer for this building, therefore, was not put deep enough to take care of closets located on the basement floor. These closets sometimes overflow with the sewage backing up from

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the sewer. This would be completely remedied by the new line it is proposed to establish. Five hundred and fifty feet of 12-inch vitrified pipe is needed to take care of the surface water which comes down the hill in great volume west of the superintendent's residence.

Without such provision a deep ravine will soon be made and serious damage will be caused to neighboring property. The cost of the pipe to remedy these conditions would be approximately \$500.

ADDITION TO PIG PEN

During the past year a large amount of pork has been produced in the pens on the hospital farm. This pork has cost the hospital almost nothing aside from the refuse gathered daily from the various kitchens. Pig pens have therefore proved to be of great value not only from the economic point of view, but also in the way of furnishing variety in the dietary. The patients generally find fresh pork from time to time very acceptable. The pig pens we now have are of such limited capacity that we cannot produce as much pork as the kitchen refuse would provide for them, nor as much as it is desirable to provide for our patients. An addition to the existing pens should be built. An addition such as we need would cost not to exceed \$1,000.

STEAM ROAD ROLLER

The steam road roller which has been in use at the hospital during the past twelve years is now so badly worn as to require frequent repairs and is much of the time out of commission on account of breakage. A roller of this kind is necessary to keep the extensive system of roads on the hospital premises in proper repair. The Monarch Road Roller Company of Groton, N. Y., offers to exchange a new ten-ton roller and deliver the same at the hospital in exchange for the old roller and \$2,000. This exchange would be highly advantageous to the hospital. An appropriation is therefore asked for this purpose.

REPAIRS TO WARD 3

For several years past the floors and other wood work on Ward 3 in the main building have been in such dilapidated condition as to need general renewal. Two years ago the funds for such renewal were apportioned by your Commission, and it was then

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expected that the new chronic building would be soon available for the temporary accommodation of the patients on Ward 3 so that the ward could be vacated. Delay in the construction of the chronic building, however, prevented this plan from being carried out and as the hospital was everywhere crowded to the limit of its capacity the reconstruction of Ward 3 was necessarily deferred. Since then the apportionment seems to have been cancelled. We would, therefore, now ask that a new apportionment be made so that this work may be taken up. The amount required is \$1,800.

TEAMSTERS' QUARTERS

A number of the teamsters employed by the hospital have occupied during the past year a loft over an open wagon shed where they are crowded together in a small space and under conditions far from satisfactory. It is now desired to fit up a small building adjacent to the horse barn for the accommodation of these men. This building was formerly used as a grist-mill, but is not now needed for this purpose. It is two stories in height with a basement underneath. For the changes contemplated and furnishings that would be needed we would require \$750.

CEMENTING CELLAR BOTTOM OF EAST BUILDING

When the east building was erected the cellar was left with only a dirt floor. In spring and fall portions of the cellar become wet and unsanitary, and during the heat of summer this floor becomes dry and dusty, so that during this season it is equally unsatisfactory. A cement floor should be laid underneath this entire structure. The cost of this construction would be approximately \$550.

LUMBER-DRYING KILN

Owing to the large size of the hospital many repairs are needed during the course of the year. Besides these repairs considerable new construction is carried on by our carpentry force. For this work seasoned lumber is constantly required. The hospital has no suitable drying kiln. A building for this purpose should be erected near the carpenter shop. The cost would be approximately \$1,000.

ICE HOUSE AT PARKHURST FARM

With the principal dairy belonging to the hospital located at Parkhurst farm it becomes of the utmost importance that an adequate supply of ice should be available at this farm for cooling

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milk and for other purposes. A building of sufficient size and proper construction could be erected for the sum of \$400.

EXTENSION OF FIRE-ALARM SYSTEM

The new building for the chronic insane, Broadmoor, and the acute hospital building have been provided with ducts for the fire-alarm lines needed for their protection. To extend loops from the existing system, and install eight new alarm boxes would cost \$615.

RENEWAL OF ROOFS OF COTTAGE AND BARNS AT THE PARKHURST FARM

The roof of the house of the farm cottage known as Parkhurst is flat, and decayed to such an extent that it should be renewed. The new roof should be a half pitch toward the north and south, and in place of shingles slate should be provided. The buildings formerly used as a wagon house and horse stable are also in need of new roofs. These buildings have been moved so as to form an L in connection with the main barn. One of them is somewhat higher than the other; the roofs of these two structures should be made continuous, and they should be covered with slate. To make these renewals there would be required about \$1,000.

RENEWAL OF THE VERANDA ROOF AT MORNINGSIDE COTTAGE

This cottage is part of the farm colony where forty women are cared for. The veranda was built sixteen years ago, and the roof is now badly decayed. Renewal of some of the timbers and all of the shingles is necessary. The material and labor required would cost approximately \$250.

FIRE PROTECTION

The hospital has now grown to such magnitude that the facilities for coping with fire are no longer adequate. Part of the apparatus is housed in a small frame building near the assembly hall and part of it in the basement of the North building. The frame structure referred to must soon be torn down to make room for the new Nurses' Home, for which plans are now being prepared. When this is done there will be no place for housing the principal part of our apparatus. To provide accommodations for this apparatus, including the hook and ladder truck which is now kept in the North building, and to provide accommodations for several men who should sleep in the building where the apparatus

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is kept, there should be built an addition to the existing carriage barn on its south side. This addition should be approximately an extension of the building southward about twenty feet. The apparatus could then be kept on the first floor ready for instant use, in a central location, and a dormitory for firemen, with bath-room and closet, would be available on the second floor. The cost of this addition would be approximately \$3,000.

RECAPITULATION

Surgical pavilion and chemical laboratory.....	\$15,000 00
Renewal of window casings and sash throughout the south wing of the main building.....	3,200 00
Addition to the Parkhurst cottage for the accommodation of twelve additional patients.....	5,000 00
Enlargement of the cold-storage facilities.....	3,000 00
Glass enclosed verandas for the west building.....	1,100 00
Glass enclosed verandas for Wards 5 and 6.....	2,000 00
Electric truck	3,600 00
Larger storehouse	5,000 00
Farmer's cottage	2,500 00
Alterations in the farmer's cottage to provide for physician's residence	1,000 00
Removal of the florist's house.....	500 00
Telephone connections with the acute building, the south and west buildings, Sunnyside cottage and the water works.....	2,500 00
Drinking fountains	600 00
Vitrified pipe for sewer and surface water disposal,	500 00
Additions to pig pen.....	1,000 00
Steam road roller.....	2,000 00
Repairs to Ward 3.....	1,800 00
Teamsters' quarters	750 00
Cementing cellar bottom of east building.....	550 00
Lumber-drying kiln	1,000 00
Ice house at Parkhurst farm.....	400 00
Extension of fire-alarm system.....	615 00
Renewal of roofs of cottage and barns at the Parkhurst farm	1,000 00
Renewal of the veranda roof at Morningside cottage,	250 00
Fire protection	3,000 00

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ACKNOWLEDGMENTS

We make acknowledgment of our indebtedness to the following who have contributed reading matter to our library and reading rooms:

George Michaelbeck, Mrs. Frank Branting, Jerome De Witt, Mrs. C. E. Clonney, Mrs. Elizabeth C. Anderson, Monday Afternoon Club, Dr. J. L. Van Alstyne, Dr. T. B. Van Alstyne, M. A. De Witt, C. W. Bacon, Y. M. C. A., Miss M. A. De Verell, Osgood Seale Co., J. E. Barber, John Bayless, 1900 Washer Co., Miss Elizabeth Ames, John McVey, Mrs. A. L. Spencer, James McCaffrey, C. F. Hotchkin, Thos. T. Sullivan, L. Bixby, C. A. Ladue, Dr. H. O. Ely, Mrs. E. D. Page, Mrs. H. H. Woodburn, Binghamton Public Library, Miss C. S. Cornell, Mrs. A. C. Gregg, Edward Flynn, F. W. McCall, Mrs. E. M. Abbott, M. Tonery, W. G. Everett, W. C. Bates, Mrs. A. Abbott, C. F. Middlebrook, West Side Magazine Club, E. H. Titchener, F. S. Titchener, Mrs. Lydia A. Norris, O. W. Sears, Mrs. C. P. Whipple and Mr. J. H. Johnson, of New Lisbon, N. Y.

On behalf of our patients we make grateful acknowledgment of the following newspapers contributed by the publishers during the year:

Bainbridge Express, Brookfield Courier, Canastota Journal, Catskill Examiner, Cazenovia Republican, Catholic Ave Maria, Delaware Republican, Deposit Journal, Elmira Telegram, Fishkill Standard, Freeman's Journal, Long Island Star, Madison County Times, Mohawk Valley Register, Morris Chronicle, Newburgh Journal, Oneonta Herald, Otsego Democrat, Otsego Republican, Ticonderoga Sentinel, Tioga County Herald, Walton Chronicle, Watervliet Journal and Democrat.

RELIGIOUS SERVICES

Clergymen from the different churches in the city of Binghamton have conducted services on Sabbath days in our assembly hall, and usually once each month at the farm cottages. On the third Friday of each month a Roman Catholic priest has read mass in the assembly hall, and has also visited many of the patients on the wards and administered to them the last rites of the church. Prof. Hoerrner, of Binghamton, has continued to arrange and render the musical program at the religious services, and his work has been satisfactory.

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ENTERTAINMENTS

The following entertainments were given during the year:

1906

October 15. Swiss Bell Ringers.

November 21. "A Bachelor's Wife," by High School Society.

December 24. Christmas Tree.

1907

January 21. Anna Loy May Concert Company.

January 28. Band Concert, by Curran-Heim Band.

February 4. Prof. McCollin — Humorist.

February 9. Hendrickson & Rosani — Magicians and Jugglers.

February 18. Musical Concert — Binghamton School of Music.

April 8. Concert, by Endicott-Johnson Band.

April 11. "Old Kentucky Home," by Lyceum Stock Co.

April 16. Minstrel Performance, by the Elks.

April 22. Concert, by the Curran-Heim Orchestra.

June 4. Circus.

June 13. "Old Kentucky Home," by Lyceum Stock Co.

June 26 and 27. "A Case of Hazel Eyes and Chestnut Hair."

July 3. Fireworks and Band Concert.

August 29. Field Day.

September 9. Moving Pictures, by Soller Bros.

During the winter months weekly dances were enjoyed by our patients, and, during the summer months, trolley rides, picnic parties, band concerts, baseball games, etc., were greatly appreciated.

STATE COMMISSION IN LUNACY

All the members of the State Commission in Lunacy have visited the hospital twice during the year just closed. Their first visit was in October, 1906, when they held a general conference with your board for the purpose of considering the needs of the hospital and for general inspection of its various departments. Their second visit was made in the latter part of June, 1907, when, in addition to general visitation and inspection of the hospital premises, the Commission gave special attention to the new buildings in process of erection under contracts, and to the

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removal, reconstruction, etc., of the barns which was being done by the hospital. Various matters of importance were brought to the attention of the Commission at the time of this visit, all of which were given courteous consideration. During both of these visits at the hospital the Commission was accompanied by its secretary, Mr. T. E. McGarr, and its medical inspector, Dr. W. L. Russell.

On June 7, 1907, Hon. John S. Whalen, Secretary of State, visited the hospital and its outlying farm colonies. Mr. Whalen expressed much interest in the various departments of the hospital and in the welfare of its inmates.

Hon. G. L. Heins, State Architect, visited the hospital on October 2, 1906, for the purpose of inspecting the new buildings for patients, in process of erection, and also the heating and lighting system, with a view to remodelling the general power plant.

STATE CHARITIES AID ASSOCIATION

On October 18, 1906, Mr. Charles E. Lee and Mr. F. H. Haskins, of Binghamton, visitors for the State Charities Aid Association, visited the hospital for the purpose of making a general inspection and report thereon. Their report is printed as an appendix to this report.

As regards the medical staff no changes have been made during the past year, except the promotion of Dr. William A. Harris from the grade of medical interne to junior physician, which was made June 1, 1907. To all the physicians on my staff, to the steward, the matron, the office force, the mechanics, and all other employes who have rendered faithful service I desire to express my thanks for their aid in making the year's work successful and satisfactory.

In conclusion I desire to again express my grateful acknowledgment to your board for the cordial support and encouragement you have given me in the performance of my duties as superintendent of the hospital.

CHARLES G. WAGNER

Superintendent

October, 1907

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REPORT OF THE STEWARD FOR THE YEAR ENDING
SEPTEMBER 30, 1907

Apples, eating, 323 bushels, at 50 cents.....	\$161 50
Apples, cooking, 211 $\frac{1}{4}$ bushels, at 40 cents.....	84 50
Apples, cider, 110 bushels, at 25 cents.....	27 50
Asparagus, 4,786 bunches, at 7 cents.....	335 02
Beef, 10,506 pounds, at 6 $\frac{1}{2}$ cents.....	682 89
Beets, cooking, 734 $\frac{3}{4}$ bushels, at 30 cents.....	220 43
Beans, string, 229 $\frac{1}{2}$ bushels, at 50 cents.....	114 75
Beans, Lima, 2 $\frac{3}{4}$ bushels, at 75 cents.....	2 06
Beets, farm feed, 50 bushels, at 30 cents.....	15 00
Celery, 15,113 heads, at 3 cents.....	453 39
Cabbage, 98,884 pounds, at $\frac{1}{2}$ cent.....	494 42
Cauliflower, 70 heads, at 6 cents.....	4 20
Carrots, 92 bushels, at 30 cents.....	27 60
Chicken, 123 $\frac{1}{2}$ pounds, at 15 cents.....	18 53
Cucumbers, 73 $\frac{1}{2}$ bushels, at 50 cents.....	36 75
Currants, 536 quarts, at 6 cents.....	32 16
Cherries, 64 quarts, at 6 cents.....	3 84
Corn, 322 bushels, at 50 cents.....	161 00
Cabbage, farm feed, 20 tons, at \$2.....	40 00
Corn, ears, 21,713 ears, at $\frac{3}{4}$ cent.....	162 85
Calves, 45, at \$1.....	45 00
Cabbage plants, 1,000.....	1 00
Ducks, 10 pounds, at 15 cents.....	1 50
Ensilage, 778 tons, at \$3.50.....	2,723 00
Eggs, 1,211 dozens, at 20 cents.....	242 20
Egg plant, 265 pounds, at 3 cents.....	7 95
Gooseberries, 4 quarts, at 6 cents.....	24
Hides, 28.....	179 38
Hay, 212 tons, at \$12.....	2,544 00
Lettuce, 169 $\frac{1}{4}$ bushels, at 40 cents.....	67 70
Leeks, 606 bunches, at 3 cents.....	18 18
Lamb, 226 pounds, at 10 cents.....	22 60
Muskmelons, 459, at 5 cents.....	22 95
Mutton, 270 pounds, at 7 cents.....	18 90

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Milk, 256,419 quarts, at $3\frac{1}{4}$ cents.....	\$8,333 62
Oats, 1,724 bushels, at 36 cents.....	620 64
Oyster plant, $22\frac{1}{2}$ bushels, at 50 cents.....	11 25
Onions, 337 bushels, at 60 cents.....	202 20
Onions, green, 6,929 bunches, at 2 cents.....	138 58
Peppers, 4 bushels, at 75 cents.....	3 00
Pork, 37,116 pounds, at $7\frac{1}{2}$ cents.....	2,783 70
Potatoes, $5,575\frac{1}{2}$ bushels, at 50 cents.....	2,787 75
Parsley, 1,574 bunches, at 3 cents.....	47 22
Pumpkin, 8,285 pounds, at $\frac{1}{4}$ cent.....	20 71
Parsnips, $216\frac{1}{4}$ bushels, at 40 cents.....	86 50
Peas, 268 bushels, at 75 cents.....	201 00
Pickles, 62,400, at $\frac{3}{4}$ cent.....	468 00
Pears, eating, $34\frac{1}{2}$ bushels, at \$1.00.....	34 50
Pears, cooking, $29\frac{1}{2}$ bushels, at 50 cents.....	14 75
Pelts, 17	12 75
Pigs, 3	7 50
Pumpkins, farm feed, 15 loads, at \$1.00.....	15 00
Rye, 438 bushels, at 55 cents.....	240 90
Raspberries, 210 quarts, at 6 cents.....	12 60
Rhubarb, 5,014 pounds, at 2 cents.....	100 28
Radishes, 3,537 bunches, at 4 cents.....	141 48
Squash, 18,692 pounds, at 1 cent.....	186 92
Sage, 74 bunches, at 10 cents.....	7 40
Spinach, 719 bushels, at 25 cents.....	179 75
Strawberries, 1,988 quarts, at 8 cents.....	159 04
Skins, 11	9 75
Straw, 60 tons, at \$6.00.....	360 00
Turnips, $745\frac{1}{2}$ bushels, at 25 cents.....	186 38
Tomatoes, ripe, $415\frac{1}{2}$ bushels, at 40 cents.....	166 20
Tomatoes, green, 55 bushels, at 25 cents.....	13 75
Wool, 111 pounds	31 08
	\$26,557 19

FARM STOCK ON HAND SEPTEMBER 30, 1907

Horses	34
Colt, six months	1
Colt, yearling	1
Colt, two years old	1

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Cows	118
Bulls	6
Heifers, two years old	17
Heifers, one year old	18
Calves	2
Sheep	30
Fat hogs	115
Breeding sows	31
Boars	2
Pigs	100
Fowls	752
Chickens	986
Ducks	25
Guineas	41
Turkeys	11
Pigeons	14

EDWIN EVANS,

Steward.

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TABLE No. 1

Showing movement of population for year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	710	849	1,559
Admitted during year ending September 30, 1907.....	128	119	247
On original commitments:			
From residences.....	117	112	229
By transfers from county houses.....	6	4	10
By transfers from other institutions for insane.....	5	3	8
Total number under treatment during year.....	838	968	1,806
Daily average population.....	723.9	855.7	1,579.6
Capacity of institution.....	718	725	1,443
Discharged during year:			
As recovered.....	29	32	61
As improved.....	14	19	33
As unimproved.....	6	4	10
As not insane.....	2	1	3
Died.....	54	54	108
Whole number discharged during year.....	105	110	215
Remaining October 1, 1907.....	733	858	1,591

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TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening	1881
Total acreage of grounds and buildings	1,113
Total acreage of rented lands	200
Value of real estate including buildings	\$1,300,000 00
Value of personal property	225,000 00
Acreage under cultivation	860

Receipts during year, maintenance fund:

Balance on hand October 1, 1906	\$1,124 76
From State treasury for maintenance on estimates, 1 to 12, inclusive	305,559 86
From private patients	3,057 64
From reimbursing patients	9,945 14
From all other sources	1,252 89

Total receipts for maintenance \$320,074 29

Total receipts from Comptroller for extraor-
dinary improvements 203,301 57

Total receipts from manufacturing fund \$1,431 11

Disbursements during year for maintenance:

Estimate No. 1 For officers' salaries	17,893 44
Estimate No. 2 For wages	115,998 96
Estimate No. 3 For provisions and stores	91,482 49
Estimate No. 4 For ordinary repairs	7,640 89
Estimate No. 5 For farm and grounds	8,757 60
Estimate No. 6 For clothing of patients	9,586 27
Estimate No. 7 For furniture and bedding	5,764 69
Estimate No. 8 For books and stationery	2,120 05
Estimate No. 9 For fuel and light	36,108 49
Estimate No. 10 For medical supplies	1,700 28
Estimate No. 11 For miscellaneous expenses	7,568 08
Estimate No. 12 For transportation	2,046 76

Total disbursements, estimates 1 to 12, inclusive . . \$306,668 72

Total disbursements State Treasurer \$14,255 57

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Concluded)

Total disbursements during year for extraordinary improvements under apportionment by State Commission in Lunacy.....	\$203,301 57
Total disbursements during year, manufacturing fund.....	\$1,431 11
Balances October 1, 1907:	
General maintenance fund.....	\$16 00
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive	3.735
Maximum rate of wages paid attendants:	
Men.....	\$30 00
Women.....	22 50
Minimum rate of wages paid attendants:	
Men.....	\$22 00
Women.....	16 00
Proportion of day attendants to average daily population.....	1 to 8.8
Proportion of night attendants to average daily population.....	1 to 5.6
Percentage of daily patient population engaged in some kind of useful occupation.....	50%
Estimated value of farm and garden products during year.....	\$26,557 19
Estimated value of articles made or manufactured by patients during year.....	19,000 00
Balance on hand October 1, 1906, manufacturing department.....	480 71
Receipts.....	950 40
Total receipts from manufacturing department....	\$1,431 11

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPO- SITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc).....	5	10	15	.....	1	1	2
Mental strain, worry and overwork(not included in above)	7	7	14	.....	4	4	3
Religious excitement		2	2	.....			1
Love affairs (includ- ing seduction).....		2	2	.....	1	1	.....
Fright and nervous shock.....	1	.....	1	.....			.....
Physical:							
Intemperance.....	29	2	31	11	.....	11	7
Venereal diseases...	4	1	5	1	.....	1	2
Masturbation.....	3	1	4	1	.....	1	.....
Accident or injury.	5	2	7	.....	1	1	2
Parturition and puerperium.....		1	1	.....	1	1	.....
Lactation.....		1	1	.....			.....
Change of life.....		8	8	.....	1	1	3
Privation and over- work.....	2	2	4	.....	1	1	1
Epilepsy.....	3	2	5	.....			.....
Diseases of skull and brain.....	6	3	9	.....	1	1	1
Old age.....	3	1	4	1	.....	1	1
Epidemic influenza.	2	1	3	1	1	2	1
Abuse of drugs.....	5	4	9	1	.....	1	1
All other bodily dis- orders and ill health.....	5	12	17	1	2	3	3
Hereditary.....	7	8	15	5	8	13	.....
Congenital defect.....	2	1	3	1	.....	1	.....
Unascertained.....	39	48	87	9	11	20	24
Total.....	128	119	247	32	33	65	53

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	15	3	.....	26	4	1
General paralysis.....	11	.....	12	33	.....	37
Senile insanity.....	24	.....	.....	68	.....	18
Epilepsy with insanity	7	.....	8	25	2	20
Imbecility, idiocy with insanity.....	7	1	1	27	3	5
Other psychoses.....	182	57	87	762	222	274
*Not insane.....	1	.....	.....	1	.....	.....

* Includes cases of alcoholism, drug habit, etc.

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	9	9	18	.....	.....	.....	182	141	323
One to three months.....	4	9	13	.....	7	13	117	120	237
Three to six months.....	10	8	18	.....	11	18	73	87	160
Six to nine months.....	3	.....	3	.....	6	14	29	28	57
Nine months to one year.....	.....	1	1	.....	3	6	9	13	22
One year to eighteen months.....	1	1	2	.....	3	6	14	24	38
Eighteen months to two years.....	.....	.....	.....	.....	1	2	3	4	7
Two to three years.....	.....	2	2	.....	1	1	18	20	38
Three to four years.....	.....	.....	.....	.....	1	1	9	8	17
Four to five years.....	.....	.....	.....	.....	.....	.....	8	6	14
Five to ten years.....	1	.....	1	.....	.....	.....	11	13	24
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	5	7
Unascertained.....	1	2	3	.....	.....	.....	45	33	78
Total.....	29	32	61	29	32	61	520	502	1,022
							520	502	1,022

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				8	3	11
Influenza.....				2	5	7
Diphtheria.....				1	1	2
Erysipelas.....	1		1	12	8	20
Septicemia and pyemia..				3	6	9
Dysentery.....				6	12	18
Tuberculosis.....	5	12	17	111	157	268
Constitutional diseases:						
Rheumatism (or rheu- matic affections).....				2	1	3
Diabetes me litus and dia- betes insipidus.....				2		2
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils, and oesophagus.....		1	1	1	1	2
Diseases of the stomach..				6	7	13
Diseases of the intestine..		5	5	37	67	104
Diseases of the liver....	1		1	9	3	12
Diseases of the perito- neum.....				5	9	14
Diseases of the respiratory system:						
Diseases of the bronchi...		2	2	18	26	44
Diseases of the lungs....	9	5	14	132	95	227
Diseases of the pleura...				2	3	5
Diseases of the circulatory system:						
Diseases of the pericar- dium.....	1		1	1	1	2
Diseases of the heart....	19	18	37	119	107	226
Arterio-sclerosis.....		1	1	3	6	9
Aneurism.....				1	4	5

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Continued)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukæmia.....					3	3
Hodgkin's disease, Addison's disease and myxœdema.....	1		1	1		1
Diseases of the genito-urinary system.....		1	1	19	20	39
Diseases of the nervous system:						
Diseases of the meninges.....				5	2	7
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	3	3	6	35	53	88
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....					5	5
Epilepsy.....		1	1	51	37	88
Mental diseases:						
Exhaustion of acute mental disease.....				79	93	172
Exhaustion of chronic mental disease.....				2		2
General paralysis of the insane.....	11		11	148	25	173
The intoxications; heat-stroke; obesity:						
Alcoholism.....				1		1
Heat-stroke.....				1		1
Nephritis.....	1		1	22	19	41
Debility of old age.....		5	5	76	79	155

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSES OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Accident.....	1	.....	1	4	4	8
Suicide.....		.....		3	6	9
Surgical and gynecological diseases and diseases of the skin.....		.....		1	2	3
Malignant new growths or cancer.....	1	.....	1	11	19	30
Total.....	54	54	108	940	889	1,829

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	11	16	27	277	224	501
Maternal branch.....	20	12	32	271	291	562
Paternal and maternal branches.....	2	.....	2	38	47	85
Collateral branches.....	16	10	26	171	207	378
No hereditary tendency...	54	60	114	1,086	1,154	2,240
Unascertained.....	25	21	46	526	404	930
Total.....	128	119	247	2,369	2,327	4,696

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	55	38	93	1,052	802	1,854
Married.....	59	50	109	1,033	1,038	2,071
Widowed.....	11	28	39	209	436	645
Divorced.....	2	2	4	20	19	39
Unascertained.....	1	1	2	55	32	87
Total.....	128	119	247	2,369	2,327	4,696

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	5	1	6	68	23	91
Academic.....	12	10	22	115	142	257
Common school.....	99	94	193	1,653	1,593	3,246
Read and write.....				27	35	62
Read only.....	2	2	4	37	61	98
No education.....	1	4	5	129	109	238
Unascertained.....	9	8	17	340	364	704
Total.....	128	119	247	2,369	2,327	4,696

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11
Showing the duration of insanity previous to admission and the period under treatment of patients who died during the current year
and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	
Under one month.....	8	3	11	6	3	9	98	62	160	
One to three months.....	8	6	14	4	2	6	99	77	176	
Three to six months.....	6	7	13	8	2	10	71	67	138	
Six to nine months.....	4	5	9	3	3	6	51	37	88	
Nine months to one year.....	3	...	3	1	2	3	19	19	38	
One year to eighteen months.....	4	3	7	...	12	12	63	61	124	
Eighteen months to two years.....	1	...	1	4	6	10	22	9	31	
Two to three years.....	1	7	8	3	4	7	83	86	169	
Three to four years.....	3	4	7	4	1	5	64	48	112	
Four to six years.....	6	2	8	7	2	9	73	60	133	
Six to ten years.....	...	4	4	5	2	7	49	72	121	
Ten to twenty years.....	3	5	8	8	13	21	59	75	134	
Twenty years and over.....	2	4	6	1	2	3	36	65	101	
Unascertained.....	5	4	9	...	...	...	153	151	304	
Total.....	54	54	108	54	54	108	940	889	1,829	
Average duration of insane life (years and tenths)	13.8			9.0	11.4			8.6		
	11.3			9.9			1,829			

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				3	8	11
From 15 to 20 years.....	4	3	7	79	41	120
From 20 to 25 years.....	14	9	23	181	154	335
From 25 to 30 years.....	9	11	20	203	194	397
From 30 to 35 years.....	13	15	28	251	225	476
From 35 to 40 years.....	19	8	27	250	233	483
From 40 to 50 years.....	22	25	47	480	550	1,030
From 50 to 60 years.....	31	23	54	401	403	804
From 60 to 70 years.....	6	14	20	267	292	559
From 70 to 80 years.....	9	9	18	190	165	355
From 80 to 90 years.....		2	2	46	40	86
From 90 to 100 years.....				1	5	6
Unascertained.....	1		1	17	17	34
Total.....	128	119	247	2,369	2,327	4,696

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....				15	16	31
From 20 to 30 years.....	8	6	14	116	111	227
From 30 to 40 years.....	11	6	17	115	118	233
From 40 to 50 years.....	5	6	11	131	111	242
From 50 to 60 years.....	4	10	14	79	94	173
From 60 to 70 years.....		3	3	37	38	75
From 70 to 80 years.....	1		1	23	8	31
From 80 to 90 years.....		1	1	1	2	3
Unascertained.....				3	4	7
Total.....	29	32	61	520	502	1,022

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....				1		1
From 15 to 20 years.....	2		2	9	6	15
From 20 to 25 years.....	1		1	21	21	42
From 25 to 30 years.....	3	4	7	38	34	72
From 30 to 35 years.....	1	2	3	49	38	87
From 35 to 40 years.....	3	3	6	72	51	123
From 40 to 50 years.....	10	7	17	148	144	292
From 50 to 60 years.....	10	11	21	182	157	339
From 60 to 70 years.....	8	8	16	189	178	367
From 70 to 80 years.....	12	13	25	152	184	336
From 80 to 90 years.....	2	4	6	68	51	119
From 90 to 100 years.....	1	1	2	1	11	12
Unascertained.....	1	1	2	10	14	24
Total.....	54	54	108	940	889	1,829

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	19	31	50
One to three months.....	33	20	53
Three to six months.....	23	19	42
Six to nine months.....	9	11	20
Nine months to one year.....	3	1	4
One year to eighteen months.....	9	3	12
Eighteen months to two years.....	3	1	4
Two to three years.....	8	11	19
Three to four years.....	3	5	8
Four to five years.....		2	2
Five to ten years.....	5	8	13
Ten to fifteen years.....		1	1
Fifteen to twenty years.....			
Twenty to thirty years.....	2	1	3
Thirty years and upwards.....		1	1
Unascertained.....	11	4	15
Total.....	128	119	247

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	10	11	21
One to three months.....	25	23	48
Three to six months.....	30	23	53
Six to nine months.....	13	18	31
Nine months to one year.....	16	9	25
One year to eighteen months.....	32	32	64
Eighteen months to two years.....	26	108	134
Two to three years.....	73	63	136
Three to four years.....	36	37	73
Four to five years.....	16	26	42
Five to ten years.....	139	125	264
Ten to fifteen years.....	117	129	246
Fifteen to twenty years.....	87	132	219
Twenty to thirty years.....	113	122	235
Total.....	733	858	1,591

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPT- EMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.	4	1	5	93	5	98
Commercial:						
Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shopmen, stenograph- ers, typewriters, etc. . .	22	.....	22	261	2	263
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	36	.....	36	675	1	676
Mechanics at outdoor vo- cations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc. . .	12	.....	12	309	.....	309
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	16	.....	16	180	1	181
Domestic service:						
Waiters, cooks, servants, etc. ....	.....	11	11	18	400	418
Educational and higher do- mestic duties:						
Governesses, teachers students, housekeepers, nurses, etc.	5	70	75	29	1,411	1,440
Commercial:						
Shopkeepers, saleswomen, stenographers, type- writers, etc. ....	.....	2	2	.....	16	16

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		6	6	12	130	142
Miners, seamen, etc.....				2		2
Prostitutes.....					1	1
Laborers.....	30		30	551		551
No occupation.....	3	29	32	191	302	493
Unascertained.....				48	58	106
Total.....	128	119	247	2,369	2,327	4,696

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Alsace.....				1		1
Austria.....		2	2	5	7	12
Armenia.....				1		1
Belgium.....				1		1
Bohemia.....				1	1	2
Canada.....	2		2	15	11	26
China.....				1		1
Cuba.....				1		1
Denmark.....		2	2		2	2
East Indies.....				1		1
Ecuador.....				1		1
England.....		2	2	38	28	66
France.....				3	4	7
Germany.....	1	1	2	64	70	134
Holland.....				2	1	3
Hungary.....				2	6	8
India.....				1		1
Ireland.....	10	8	18	201	256	457
Italy.....	1		1	7	6	13
Japan.....				1		1
Nova Scotia.....				1		1
Poland.....				6	6	12
Prussia.....				1		1
Roumania.....				1		1
Russia.....		1	1	7	16	23
Scotland.....				12	15	27
Spain.....				1		1
Sweden.....				2	4	6
Switzerland.....				2	11	13
Syria.....					3	3
United States.....	112	102	214	1,915	1,784	3,699
Wales.....		1	1	6	3	9

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
West Indies.....				1		1
Unascertained.....	2		2	68	92	160
Total.....	128	119	247	2,369	2,327	4,696

Of the total number admitted since the 1st of October, 1888, the parents of 22.7 per cent were both of foreign birth.

In 2.6 per cent the parentage on the paternal side was foreign while that on the maternal side was native.

In 1.1 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....	2		2
Allegany.....			
Broome.....	68		68
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....	32		32
Chenango.....	24		24
Clinton.....			
Columbia.....			
Cortland.....	16		16
Delaware.....	21		21
Dutchess.....			
Erie.....	1		1
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....			
Madison.....	24		24
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	3		3
Niagara.....			
Oneida.....			
Onondaga.....	2		2
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Otsego	24	.....	24
Putnam			
Queens			
Rensselaer			
Richmond			
Rockland			
St. Lawrence			
Saratoga			
Schenectady			
Schoharie	11	.....	11
Schuyler			
Seneca			
Steuben		1	1
Suffolk			
Sullivan			
Tioga	16	.....	16
Tompkins	2	.....	2
Ulster			
Warren			
Washington			
Wayne			
Westchester			
Wyoming			
Yates			
Soldiers' Home			
Total	246	1	247

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment, September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	26	19	45			
Allegany.....	1		1			
Broome.....	129	129	258		1	1
Cattaraugus.....						
Cayuga.....	2	1	3			
Chautauqua.....						
Chemung.....	83	76	159		1	1
Chenango.....	51	55	106			
Clinton.....						
Co umbia.....	1	2	3			
Cortland.....	27	41	68	1		1
Delaware.....	56	55	111	1		1
Dutchess.....	3	7	10			
Erie.....	1	1	2			
Essex.....						
Franklin.....						
Fulton.....	8	4	12			
Genesee.....						
Greene.....	6	12	18			
Hamilton.....						
Herkimer.....	1	1	2			
Jefferson.....						
Kings.....	51	18	69	1	1	2
Lewis.....						
Livingston.....	1	2	3			
Madison.....	53	48	101			
Monroe.....		1	1			
Montgomery.....	8	4	12			
New York.....	5	139	144		1	1
Niagara.....						
Oneida.....	8		8			
Onondaga.....	10	3	13			
Ontario.....						
Orange.....	3	10	13			
Orleans.....						
Oswego.....						

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Otsego.....	50	59	109	.....	2	2
Putnam.....	.....	1	1	.....	.....	.....
Queens.....	5	.....	5	.....	.....	.....
Rensselaer.....	20	18	38	.....	.....	.....
Richmond.....	2	2	4	.....	.....	.....
Rockland.....	1	3	4	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	17	14	31	.....	.....	.....
Schenectady.....	1	.....	1	.....	.....	.....
Schoharie.....	26	32	58	.....	.....	.....
Schuyler.....	.....	1	1	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....
Steuben.....	9	12	21	.....	1	1
Suffolk.....	5	4	9	.....	.....	.....
Sullivan.....	2	1	3	.....	.....	.....
Tioga.....	32	42	74	.....	.....	.....
Tompkins.....	.....	3	3	.....	.....	.....
Ulster.....	8	5	13	.....	.....	.....
Warren.....	6	4	10	.....	.....	.....
Washington.....	.....	1	1	.....	.....	.....
Wayne.....	.....	.....	.....	.....	.....	.....
Westchester.....	7	19	26	.....	.....	.....
Wyoming.....	.....	.....	.....	.....	.....	.....
Yates.....	.....	.....	.....	.....	.....	.....
Unascertained.....	5	2	7	.....	.....	.....
Total.....	730	851	1,581	3	7	10

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 21

Showing the movement of population since the opening of the hospital,
October 19, 1881

Total number discharged as recovered	1,125
Total number discharged as improved	784
Total number discharged as unimproved	765
Total number discharged as not insane	27
Total number died	2,236
Total number of discharges	4,937
Total number of admissions	6,528
Remaining October 1, 1907	1,591

TABLE No. 22

Showing suicidal and homicidal attempts and tendencies in cases admitted
during the year ending September 30, 1907

	Men	Women	Total
Attempted suicide	15	14	29
Threatened suicide	4	8	12
Attempted homicide	5	1	6
Threatened homicide	24	11	35
Threatened suicide and homicide	8	3	11
Attempted suicide and threatened homicide	2	5	7
Attempted homicide and threatened suicide	1	1	2
Attempted suicide and homicide		2	2
Total	59	45	104

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 23

This table is submitted for the purpose of showing how large a proportion of the cases admitted during the past eighteen years were virtually chronic cases when admitted

YEAR	Whole number admitted	Found not insane	Number insane one year and over	Percentage insane one year and over
1890.....	104	.....	73	70.19
1891.....	282	.....	181	64.18
1892.....	207	1	129	62.31
1893.....	235	.....	134	57.02
1894.....	192	2	84	43.75
1895.....	218	.....	82	37.61
1896.....	405	2	285	70.37
1897.....	241	.....	89	36.92
1898.....	211	.....	83	39.33
1899.....	258	3	95	33.33
1900.....	265	1	125	47.17
1901.....	226	3	86	38.73
1902.....	262	3	105	40.07
1903.....	223	2	76	34.39
1904.....	261	1	90	34.48
1905.....	343	1	154	44.90
1906.....	352	1	181	54.26
1907.....	247	1	78	31.58
Total.....	4,532	20	2,130	47.00

BINGHAMTON STATE HOSPITAL — ANNUAL REPORT

TABLE No. 24

Showing the percentage of recoveries on the average population and on the number admitted since 1881

YEAR	ON AVERAGE POPULATION			ON ADMISSION		
	Average population	Recovered	Percentage	Admitted	Recovered	Percentage
1882....	156	4	2.56	298	4	1.34
1883....	341	11	3.22	211	11	5.23
1884....	502	15	2.98	243	15	6.17
1885....	674	18	2.67	283	18	6.38
1886....	852	17	1.99	319	17	5.32
1887....	994	10	1.50	272	10	3.67
1888....	1,053	28	2.65	206	28	13.59
1889....	1,100	19	1.72	164	94	11.58
1890....	1,096	17	1.55	104	17	16.34
1891....	1,136	34	2.99	282	34	12.05
1892....	1,143	26	2.27	207	26	12.62
1893....	1,258	32	2.54	235	32	13.61
1894....	1,244	27	2.17	192	27	14.06
1895....	1,222	61	4.99	218	61	27.98
1896....	1,249	54	4.32	405	54	13.33
1897....	1,325	67	5.05	241	67	27.80
1898....	1,339	66	4.92	211	66	31.28
1899....	1,341	60	4.47	258	60	23.25
1900....	1,353.5	74	5.46	265	74	27.92
1901....	1,376	74	5.37	226	74	32.74
1902....	1,382	55	3.98	262	55	20.99
1903....	1,397.6	65	4.65	223	65	29.15
1904....	1,400.3	60	4.28	261	60	22.95
1905....	1,429	98	6.86	343	98	28.57
1906....	1,546.4	72	4.66	352	72	20.45
1907....	1,579.6	61	3.86	247	61	24.70

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 25

Showing the percentage of deaths on the whole number treated, and on the average population for twenty-six years

YEAR	Deaths	Whole number treated	Percentage	Average population	Percentage
1882.....	14	298	4.69	156	8.96
1883.....	40	486	8.23	341	11.73
1884.....	47	668	7.03	502	9.36
1885.....	58	863	6.72	674	8.60
1886.....	80	1,086	7.36	852	9.38
1887.....	87	1,208	7.20	994	8.75
1888.....	81	1,245	6.50	1,053	7.69
1889.....	69	1,241	5.56	1,100	6.27
1890.....	55	1,212	4.53	1,096	5.01
1891.....	77	1,389	5.54	1,136	6.77
1892.....	87	1,364	6.37	1,143	7.61
1893.....	80	1,431	5.59	1,258	6.35
1894.....	84	1,463	5.74	1,244	6.75
1895.....	82	1,437	5.70	1,222	6.71
1896.....	86	1,631	5.27	1,249	6.88
1897.....	86	1,538	5.59	1,325	6.49
1898.....	103	1,547	6.65	1,339	7.69
1899.....	117	1,596	7.33	1,341	8.72
1900.....	106	1,607	6.58	1,353.5	7.90
1901.....	114	1,602	7.11	1,376	8.28
1902.....	101	1,612	6.20	1,382	7.30
1903.....	95	1,629	5.84	1,397.6	6.80
1904.....	132	1,661	7.95	1,400.3	9.43
1905.....	127	1,755	7.24	1,429	8.89
1906.....	120	1,819	6.60	1,546.4	7.76
1907.....	108	1,806	5.98	1,579.6	6.84

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 26

Showing number of cases of general paresis admitted since 1881

YEAR	ADMITTED			DIED		
	Men	Women	Total	Men	Women	Total
1882.....	3	.....	3	.....	.....	.....
1883.....	6	.....	6	4	.....	4
1884.....	13	.....	13	4	.....	4
1885.....	25	.....	25	10	.....	10
1886.....	23	.....	23	9	.....	9
1887.....	19	1	20	12	1	13
1888.....	10	1	11	14	.....	14
1889.....	10	4	14	7	.....	7
1890.....	4	.....	4	3	.....	3
1891.....	7	2	9	4	1	5
1892.....	5	.....	5	7	1	8
1893.....	2	.....	2	4	2	6
1894.....	2	.....	2	4	.....	4
1895.....	1	2	3	3	1	4
1896.....	13	3	16	8	2	10
1897.....	10	.....	10	12	3	15
1898.....	10	5	15	18	3	21
1899.....	15	4	19	10	.....	10
1900.....	14	3	17	9	4	13
1901.....	13	.....	13	4	5	9
1902.....	13	.....	13	10	.....	10
1903.....	9	3	12	13	1	14
1904.....	8	1	9	9	3	12
1905.....	12	3	15	13	3	16
1906.....	7	.....	7	9	.....	9
1907.....	11	.....	11	12	.....	12
Total.....	265	32	297	212	30	242

BINGHAMTON STATE HOSPITAL—ANNUAL REPORT

TABLE No. 27

General table showing the operations of the Binghamton State Hospital for the twenty-six years ending September 30, 1907

YEAR	Number Admitted	Number discharged	Number treated	Discharged recovered	Discharged improved	Discharged unimproved	Discharged not insane	Died
1882.....	298	9	296	4	3	2	.....	14
1883.....	211	21	486	11	4	5	1	40
1884.....	243	41	668	15	16	10	.....	47
1885.....	283	38	863	18	14	5	1	58
1886.....	319	70	1,086	17	43	10	.....	80
1887.....	272	82	1,208	10	47	25	.....	87
1888.....	206	87	1,245	28	36	23	.....	81
1889.....	164	64	1,241	19	5	40	.....	69
1890.....	104	50	1,212	17	2	31	.....	55
1891.....	282	155	1,389	34	22	99	.....	77
1892.....	207	81	1,364	26	28	26	1	87
1893.....	235	80	1,431	32	36	12	.....	80
1894.....	192	160	1,463	27	46	85	2	84
1895.....	218	211	1,437	61	42	26	.....	82
1896.....	405	334	1,631	54	31	161	2	86
1897.....	241	202	1,538	67	29	20	.....	86
1898.....	211	209	1,547	66	29	11	.....	103
1899.....	258	254	1,596	60	52	22	3	117
1900.....	265	231	1,607	74	39	11	1	106
1901.....	226	252	1,602	74	36	24	4	114
1902.....	262	206	1,612	55	26	22	2	101
1903.....	223	229	1,629	65	32	34	3	95
1904.....	261	249	1,661	60	46	8	3	132
1905.....	343	288	1,755	98	49	14	.....	127
1906.....	352	260	1,819	72	38	29	1	120
1907.....	247	215	1,806	61	33	10	3	108

TWENTY-FIRST ANNUAL REPORT
OF THE
BOARD OF MANAGERS
OF
St. Lawrence State Hospital
OGDENSBURG, N. Y.
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907

OFFICERS

BOARD OF MANAGERS

MR. S. MORTIMER COON.....	Oswego, N. Y.
MR. GEORGE W. DUSTIN.....	Malone, N. Y.
DR. JOHN J. ROBINSON.....	Plattsburg, N. Y.
MRS. MARY S. GOODALE.....	Watertown, N. Y.
MRS. ANNIE E. DANIELS.....	Ogdensburg, N. Y.
MR. F. M. BOSWORTH.....	Watertown, N. Y.
DR. LEONARD A. SAXER.....	Syracuse, N. Y.

OFFICERS OF THE BOARD OF MANAGERS

MR. S. MORTIMER COON.....	President
MRS. MARY S. GOODALE.....	Secretary

EXECUTIVE COMMITTEE

MR. GEORGE W. DUSTIN,	MRS. ANNIE E. DANIELS,
MR. F. M. BOSWORTH	

ATTORNEY

HON. GEORGE R. MALBY.....	Ogdensburg, N. Y.
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CONSULTING STAFF

G. C. MADILL, M. D., Ogdensburg.....	Surgeon
W. B. HANBIDGE, M. D., Ogdensburg.....	Internal Medicine
W. N. BELL, M. D., Ogdensburg.....	Ophthalmologist
H. B. BUTLER, D. D. S., Ogdensburg.....	Dentist

RESIDENT OFFICERS

MEDICAL SUPERINTENDENT

RICHARD H. HUTCHINGS, M. D.

ELBERT M. SOMERS, M. D.....	First Assistant Physician
ROY L. LEAK, M. D.....	Second Assistant Physician
WALTER G. RYON, M. D.....	Assistant Physician
ETHAN A. NEVIN, M. D.....	Assistant Physician
CHARLES M. BURDICK, M. D.....	Assistant Physician
CAROLINE S. PEASE, M. D.....	Woman Physician
JAMES M. O'NEIL, M. D.....	Junior Physician
JOHN L. VAN DE MARK, M. D.....	Junior Physician
CHRISTOPHER FLETCHER, M. D.....	Medical Interne

STEWARD

MR. WILLIAM C. HALL.

MATRON

MISS KATE A. SHERRY, R. N.

MR. ERNEST S. BROWN.....	Chief Engineer
MR. MARTIN HOULIHAN	Bookkeeper
MR. JOHN MULLEN	Storekeeper
MR. WILLIAM TOMPKINS.....	Apothecary
MISS GERTRUDE PALMER, R. N....	Chief Supervisor for Women
MR. ARTHUR E. CLINE, R. N.....	Chief Supervisor for Men

REPORT OF THE MANAGERS

To the Honorable, The Governor and the State Commission in Lunacy:

The Board of Managers of the St. Lawrence State Hospital, Ogdensburg, N. Y., beg leave herewith to present the annual report for the year ending September 30, 1907, together with the report to this Board for the same period of Dr. R. H. Hutchings, Superintendent of the St. Lawrence State Hospital.

The general welfare of the institution for the past year has been very marked. The different departments are so well and thoroughly organized that very little friction has occurred and its affairs have generally passed along very smoothly.

The population of the institution September 30, 1907, was 986 men and 849 women, the total being 1,835. This is an increase over the year 1906. Without repetition we refer to the report of the Superintendent largely for the details of the affairs of this hospital.

The most marked improvements during the year were as follows:

STONE QUARRY

From an appropriation of \$2,500, made by the last Legislature, we purchased a limestone quarry, known as the Sprowles place, consisting of a lot of about twenty-five acres. There only remains formal approval of the deeds by the Attorney-General to complete the transaction. This quarry will furnish good quality of stone for general purposes at the institution. If required, building stone can be quarried very similar to that used in several of our buildings. It will furnish out-of-doors employment to patients at a season of the year when the usual out-of-door occupations cannot be carried on.

ICE HOUSE

On account of the appropriation being reduced to \$3,000, it became necessary to make a complete change in our plans for this building, but with the assistance of the State architect we prepared plans, which met with his approval, for a commodious ice house to be constructed of concrete blocks. The ice house will be ready for use this winter. The following are the dimensions of the building: Height, 21; width, 40; length, 72 feet. It

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

will afford space for storing 450 cords of ice. It is located near the old ice house and convenient to the artificial pond from which the ice is cut.

RENEWALS TO PLUMBING AND ADDITION TO LAVATORIES

This work is well under way, and good progress has been made. The hot-water lines in Group 3, central kitchen, the laundry, have been replaced with new pipes. Changes in the lavatories at Group 3 and Infirmary, which were recommended by the Commission, are in progress, and the whole will be completed in good season. The amount requested last year was \$6,500 but only \$5,000 of this was appropriated by the last Legislature. For lack of funds two important pieces of work will have to go over until another year. These are, renewing the condensed water return pipe from Central Group, which will cost \$1,200, and addition to bathing facilities in Observation cottage, West, \$300. We hope to be in a position to complete these improvements next year.

EQUIPMENT OF NEW SURGICAL OPERATING ROOM, \$1,200

This appropriation has been sufficient to equip our new surgical operating room in accordance with modern ideas. Owing to the extreme delay in receiving goods of this character after order has been placed, the building, at this writing, is not ready for occupancy, but will be before the report appears in print.

Other repairs have been made out of maintenance as occasion required. Some of the more important are:

Repairs to washing machines at laundry.....	\$375
Renewing 156 two-inch flues, boilers 17 and 18.....	235
Repairs to brickwork in boilers 5, 6 and 11.....	175
Repairs to feed line to boilers 1, 2, 3, 4, 5 and 6.....	150
Repairs to road roller, one complete set of steel gears and thorough overhauling of engine.....	450
Replacing 5,400 feet of hot-water piping in Central Group basement, with extra heavy iron, 2½, 2 and 1½-inch pipe	1,200
(This was done in an emergency before the special appropriation for similar work was available.)	
Replacing certain hot-water lines in the laundry.....	250

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

With our own labor, without an appropriation being necessary, a new concrete road, 219 feet in length, 16 feet in width, was built to complete the driveway around the laundry, rendering access to that building from all directions convenient. The macadam road, from the boiler-house south passing Farm Cottage, the cow barns, and extending to Proctor avenue, a distance of two thousand feet, and sixteen feet in width, we resurfaced and put in thorough repair, using for this purpose crushed stone from the quarry. This work was all done with our own labor.

One hundred and fifty rods of agricultural tile was laid on the farm, thereby improving a piece of land, which had heretofore been wet. Four acres of land were cleared of stumps and brush and planted.

The whole interior of the laundry was painted two coats. The large day rooms and dormitories of Wards 20 and 21 at the Infirmary were painted, also the corridors in that part of the building. The employes' quarters at the Infirmary were repainted. In Observation cottage, West, the wooden ceilings were revarnished, and the day-rooms repainted. The entire exterior of the work shops, including the new shop for women patients' industries, were painted two coats, as were also the shoe shop and painter's shop.

At Group 3 the large dormitories of Wards 30 and 31, ceilings and side walls, were repainted two coats, and at the Garden Cottage the barn was repainted. These items were in addition to the regular daily repairs.

The important repairs done in the carpenter's department during the year included the erection of a substantial pipe shed sixteen by twenty-two feet in the rear of the plumber's shop, where pipe and fittings can be kept in proper order.

Sheathing of the north side of the propagating house at Garden Cottage to render the house warmer.

Enclosing with glass the verandas of 23A and 24A Infirmary, each 56 feet in length, and veranda of Ward 21, 138 feet in length. Floor space to the extent of 2,000 square feet was so rendered serviceable as sun parlors for use in the late fall and early spring, and even on sunny days in the winter.

A cement base was put back of the heating coils at Inwood.

Enlarging sixteen small windows on Ward H, east and west, thus making the windows full size. These rooms had heretofore

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

been dark and the change was recommended by the State Charities Aid Association and approved by the Commission.

A new hardwood floor was laid on Ward H, west, in area about 2,000 square feet.

Partitioning a large hall in the employees' wing at Group 3, dividing it into three sleeping rooms.

Partitioning off the employees' dining-room at Inwood, which was heretofore part of the passageway.

A new refrigerator, nine by sixteen feet, was constructed in the kitchen at Group 3, replacing a smaller refrigerator, which was transferred to Farm Cottage.

Two new dish closets, each seven feet wide and twelve feet high, in the pantry at Group 3.

Two outside doors, with frames complete, were placed in the central kitchen. Screen doors and windows were made in the early summer for all kitchens and dining-rooms, which were heretofore not properly supplied, and throughout the laundry.

A new hardwood floor in the main hall, Group 3, between the day room of Ward 30 and patients' dining-room.

In the manufacturing department, fifty oak reclining chairs were made for the verandas at Inwood.

The foregoing improvements were absolutely necessary for the greatest efficiency of the hospital.

With the yearly increase in the number of patients and the progress in methods of conducting such institutions, there are necessarily constant demands for changes, improvements and enlargement to meet such increasing demands and to maintain the very high grade which the institution has always maintained.

The Board of Managers consider that the following requirements for the coming year are of the very greatest importance and most earnestly recommend the same.

ADDITION TO FARM, 300 ACRES, \$18,000

We have requested this appropriation in the reports for the last three years, and the need of increasing the acreage of our farm is greater this year than ever before. With the steady increase in the number of patients to care for we are now unable to produce enough milk for our daily requirements, and have had to purchase milk of farmers. During the winter months it is

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

difficult to obtain a supply satisfactory in quantity and quality. We have enough able-bodied patients accustomed to farm labor to cultivate 300 additional acres, with but little additional expense. The land which we desire to buy lies in a compact body adjoining our farm, and is well worth the price that is asked for it, averaging sixty dollars per acre. It is desirable to secure this land as it may be taken up by private parties, and while other desirable land could be obtained at this price, it would not be so conveniently situated for our purpose.

A DORMITORY FOR EMPLOYEES AT TUBERCULOSIS
PAVILION AND GROUP 3, \$75,000

It is highly undesirable that employees who are associated with tuberculosis patients during the day should be obliged to spend the night under the same roof with them. The importance of separating employees from patients during the hours of rest is now universally recognized. How much more important it is to have this separation when the patients are all afflicted with a dangerous communicable disease.

The employees of Group 3 occupy a wing of the building which does not affect complete separation from the patients. In going to and from their rooms, employees must pass through Ward 30. The crowding in the wing occupied by them is considerable. We have to erect some temporary rooms by making partitions in a hallway. Many of the employees are sleeping two in a room when there is only sufficient space for one. Those employees who cannot find accommodations in the employees' wing are provided for in quarters over the kitchen, which is still more unsatisfactory. The difficulty in securing satisfactory employees which we have experienced for several years past, and the long hours of duty on the wards (thirteen and one-half hours per day) emphasize the importance of providing comfortable quarters for them when off duty.

An employees' building, accommodating 150, should be provided. There are now seventy-two employees at Group 3, eighteen at Inwood, and with the accommodations of Group 3 increased by 210, about twenty additional employees will be necessary. With the removal of the employees from Group 3, sixty additional women patients can be accommodated.

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ENLARGEMENT OF TWO DINING-ROOMS, RECEPTION
COTTAGE, \$8,000

The two reception cottage dining-rooms, which are on either side of the executive building and facing each other, are entirely too small for the number of patients who occupy them, and should be enlarged. It is also desired when this change is being made to provide in each building, one of which is occupied by men, and the other by women, a small diet kitchen, where food for the sick can be quickly prepared at any time that it is required, and where the nurses in the training school can be given more practical experience in the art of cooking.

IMPROVEMENTS IN THE DAIRY BARN

According to recommendations made by the United States Department of Agriculture, \$3,200.

The barns were inspected last year at our request by the Department of Agriculture, and the inspector recommended the following improvements to be made to put them in a sanitary condition: (1) Steel ceiling to prevent dust from falling from the floor above where hay and grain are stored. (2) Replacing the wooden floor in the center of the barn with one of concrete. (3) Replacing the wooden mangers with new ones of concrete. It is impossible to keep old wooden mangers clean and free from disease germs peculiar to cows. It is well known that diseases of cattle are frequently conveyed in this way. With the mangers and floor of concrete, the stable can be thoroughly cleaned by means of hose or steam. (4) Putting in modern stanchions. (5) Erecting a small milk house separate from the barn. The room at present used for milk room opens directly into the stable. Our dairy barn was inspected recently by Dr. A. D. Fisher, Dairy Inspector of the city of Ogdensburg, and the improvements enumerated above were also recommended by him as essential to put the barn in a satisfactory condition.

TREES, SHRUBS AND ORCHARD, \$500

The severe climate of Ogdensburg necessitates some expenditure each year to replace trees and shrubs that are winter killed, and in addition there is still considerable original planting to be done about the lawns and buildings. As no appropriation for this purpose was made last year, the sum of \$500 will be desirable for this purpose.

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

IMPROVEMENTS TO ROADS AND WALKS, \$1,000

Our macadam roads, of which there are about seven miles on the hospital grounds, were built from eleven to fourteen years ago, and no considerable improvements have been made to them since. They now should be resurfaced and generally repaired. A number of cinder walks about the grounds should be replaced with concrete. The quarry purchased this year will furnish stone for this purpose, but we will have to employ some additional skilled labor and extra teams. The sum of \$1,000 could be profitably expended during the coming summer for roads and walks.

FARM FENCING, \$600

The new quarry lot, comprising twenty-five acres, purchased this year, should be fenced to make the land available for pasturage; and there are minor repairs to fences required, which will make \$600 for this purpose necessary.

RENEWAL OF CONDENSED WATER RETURN, AND
PROVIDING A BATH-ROOM FOR WARD D, WEST

We will have to replace the condensed water return pipe under the Central Group, which conveys the condensed water from the heating system back to the boilers, a line about 2,000 feet in length, ranging from eight to four inches. This we estimate can be done under the supervision of our chief engineer for \$1,200. Three hundred dollars will be required to enlarge the bathing facilities in Observation Cottage, West. We, therefore, request that \$1,500 be appropriated to complete this work.

The hospital called Inwood, for tuberculosis patients, has been a great success and most beneficial to the unfortunate patients who greatly need the care and attention which they now receive. This hospital was opened in January, 1906, and in less than two years' time it has proved beyond any possible doubt, its very great value. We refer for further details to the superintendent's report.

The managers also beg leave to call special attention to the new department for surgery and the enlarged shop for industries for both men and women. Those were absolute necessities and we refer with pleasure and pride to the superintendent's report in regard to them.

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

We also call attention especially to that part of the superintendent's report pertaining to a water supply for the hospital. This is becoming one of the great questions of the age for the whole country and with a large institution of this kind with so many patients, so many physicians and their families, and the large number of attendants and employes, it has become a serious matter as to how they may be furnished with pure water.

We cannot refrain from calling attention to the great efficiency of the superintendent and the medical faculty of this hospital. Our observations and the statistics as to results in the institution greatly impress us with the fact that these faithful servants of the institution are doing a great work. It goes beyond mere routine and detail of everyday requirements. The Pathological Laboratory is in full operation and the medical faculty is holding regular staff meetings, showing that they are making diligent effort to keep abreast of all of the scientific and other advances along their lines and to maintain the very high character for an up-to-date institution which this hospital has always had. In connection with this we may say that the course of study in the School for Nurses has been very greatly improved and enlarged, and that it is a great success.

Much credit is due to the nurses, attendants and general employes for their fidelity to duty in all the different departments.

The managers have maintained their regular monthly meetings throughout the year, and individual members of the board have frequently visited the hospital at other times than those of the regular meetings, showing their interest generally for the welfare of this great institution.

All of which is most respectfully submitted.

S. MORTIMER COON,
GEO. W. DUSTIN,
ANNIE E. DANIELS,
LEONARD A. SAXER,
F. M. BOSWORTH,
MARY S. GOODALE,
JOHN J. ROBINSON,

Managers.

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE SUPERINTENDENT TO THE BOARD
OF MANAGERS, ST. LAWRENCE STATE HOSPITAL

I have the honor to submit the following report of the operations of the hospital for the fiscal year ending September 30, 1907. Changes in population will be seen by the following table:

	Men	Women	Total
Remaining October 1, 1906.....	963	854	1,817
Admitted during year ending September 30, 1907.....	226	153	379
On original commitments:			
From residences	213	146	359
By transfers from county houses....	5	6	11
By transfers from institutions for insane	8	1	9
	<u>1,189</u>	<u>1,007</u>	<u>2,196</u>
Daily average population.....	980.501	864.219	1,844.72
Capacity of institution.....	957	836	1,793
Discharged during year:			
As recovered	60	36	96
As improved	33	48	81
As unimproved	10	3	13
As not insane.....	4	1	5
Died	96	70	166
Whole number discharged during year,	<u>203</u>	<u>158</u>	<u>361</u>
Remaining October 1, 1907.....	<u>986</u>	<u>849</u>	<u>1,835</u>

It will be seen by reference to this table that the net increase in patients during the year was 18, namely — from 1,817 at the beginning of the year to 1,835 at its close, but owing to an increased number of discharges towards the end of the year, the actual number present on September 30th does not fully represent the average number under treatment. The daily average population was 1,844.72. The largest number under treatment on any

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one day was 1,876 on July 20, 1907, and the smallest number was 1,813 on October 12, 1906. The capacity of the institution is rated at 1,793, so that throughout the year there has been considerable overcrowding.

There was a remarkable increase in the number of patients admitted during the year from residences. The number of men admitted from their homes was 213, an increase over the previous year of 31, and women 146, an increase of 14. It is reported that the number of persons committed to State hospitals throughout the State generally has increased during the year past. The following table shows the admissions during the year, arranged by months, and compared with the same months of last year:

	1905-06	1906-07
October	32	26
November	21	29
December	24	24
January	33	34
February	29	28
March	23	29
April	33	40
May	29	39
June	22	28
July	32	39
August	35	34
September	25	28

The following table shows the admissions, except transfers, for each year during the past ten years, during which time there has been no change in our hospital district, the population of which at the last census was 572,400:

Year	Admissions
1898	286
1899	310
1900	275
1901	287
1902	294
1903	313
1904	278
1905	287
1906	318
1907	370

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The following table shows the provisional diagnosis on admission of 379 cases admitted during the fiscal year:

PROVISIONAL DIAGNOSES

From October 1, 1906, to September 30, 1907.

	Men	Women	Total
Traumatic psychoses	2	....	2
Psychoses with more or less definite brain disease:			
(a) Focal cerebral lesion.....	4	2	6
(b) Psychoses accompanying Hun- tingdon's chorea	1	....	1
Senile psychoses	30	26	56
General paralysis	22	5	27
Alcoholic psychoses	52	5	57
Drug psychoses	5	4	9
Infective exhaustive psychoses.....	3	4	7
Allied conditions	1	3	4
Depressive hallucinosis .....	....	1	1
Melancholia psychoses	7	16	23
Paranoic conditions	5	6	11
Dementia praecox	27	25	52
Allied to dementia praecox.....	5	5	10
Manic-depressive psychoses	21	23	44
Allied to manic-depressive psychoses..	4	4	8
Constitutional inferiority and neuras- thenic states	6	5	11
Epileptic psychoses	9	7	16
Imbecility with excitement.....	10	6	16
Hysterical psychoses .....	....	3	3
Unclassified	6	2	8
Not insane	6	1	7
	226	153	379

As will be seen from an examination of the above table, many interesting cases have presented themselves to the attention of the medical staff.

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SENILE PSYCHOSES

In this group the number, as compared with the year previous, shows an increase of nine, notwithstanding that an effort was made to prevent the admission of simple dotards. All the cases here enumerated have been those in which it seemed essential to provide the care which could be only had in an institution of this character. In a small percentage of these cases we were enabled, eventually, to arrange for their provision elsewhere, after the more acute symptoms, as excitement or depression had subsided. Many of these old people adapt themselves readily to the routine of an institution, though a fair proportion remain excited and noisy for a considerable period, being up and around their rooms or the dormitory at night, and from their disorientation, and the habit of mistaking the identity of those about them, are a frequent source of complaint on the part of other patients. It is among this class that many of the accidents in State hospitals occur. It is also this class which is responsible for a large proportion of the alleged increase of insanity in recent years. Though, as stated above, special care was taken in the admission of these cases, the number is the largest in the history of the institution. The cases of GENERAL PARALYSIS also show an increase of about twenty per cent, and this group comprises about seven per cent of the admissions. Lumbar puncture has aided us in the early diagnosis of this disease, and this procedure has been made in every doubtful case.

DEMENTIA PRAECOX

This group, including the allied forms, comprises sixteen per cent of the admissions. The proportion last year was the same. Some of the cases provisionally diagnosed as paranoiac conditions will, with further study, probably be placed in this class. I recognize that the designation paranoic conditions is not concise, and it is not intended to be so.

There was an increase in the proportion of the MANIC-DEPRESSIVE class,— thirteen per cent this year, as compared with eleven per cent during the previous year. The cases of manic-depressive insanity, which were almost equally divided between the sexes, numbered fifty-two, as compared with thirty-seven last year, and thirty-one the year previous. The tendency of this disease to develop in persons of unstable or inferior mental equipment has been impressed upon the staff by many beautiful examples during the year. Some of the cases provisionally classified as imbecility

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with excitement will probably, after further study, be transferred to the manic-depressive group, or allied to it. In classifying these cases, after discussion at the staff meeting, the question has usually hinged on the predominating character of the constitutional deficiency, or the episodic character of the excitement, accompanied by distractibility, pressure of activity, etc.

The ALCOHOLIC GROUP continues to occupy its position as first among the forms of insanity admitted, as it has in every year since accurate records have been kept.

The discrepancy between the men and women affected continues about the same from year to year.

The cases of DRUG PSYCHOSIS were nine as compared with six a year ago, and six the previous year. Notwithstanding the large increase in the number of patients admitted this year over last year, the cases of melancholia and depressive forms not clearly distinguished, declined slightly. As was pointed out in the annual report last year, the largest percentage of these cases was admitted from rural districts, contrasting in etiology with general paralysis, which occurs in greater numbers among city and town dwellers.

The following table shows the form of insanity in the ninety-six cases discharged recovered during the fiscal year:

	Men	Women	Total
Traumatic psychoses	1	....	1
Psychosis of paranoid type accompanying polyneuritis	1	....	1
Alcoholic psychoses	38	2	40
Drug psychoses	2	3	5
Infective exhaustive psychosis.....	1	....	1
Allied conditions .....	....	3	3
Melancholia psychoses .....	....	4	4
Dementia praecox	1	....	1
Allied conditions	3	....	3
Manic-depressive psychoses	10	19	29
Allied conditions	3	2	5
Neurasthenia with depression.....		1	1
Hysterical psychoses		2	2
	60	36	96

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The number of patients discharged also shows an increase. The number recovered (sixty men and thirty-six women, total, ninety-six) is the largest of any year in the history of the institution. Likewise, the number discharged improved, thirty-three men, forty-eight women, total, eighty-one. There were, therefore, discharged in a condition to resume their places in the world wholly or in part, ninety-three men, eighty-four women, total, 177. The number discharged as improved was thirteen. The care of these patients was undertaken by friends when it became evident that treatment in an institution offered no probability of recovery. Four men and one woman were discharged not insane. These cases were, alcoholic, one; drug addiction, one; imbeciles, two; epileptic, one. There were 166 deaths, namely, ninety-six men, an increase of seventeen, and seventy women, an increase of seven, as compared with the previous year. There was a decided and gratifying decrease in the number of deaths from tuberculosis, nineteen deaths as compared with thirty-four a year ago, and this notwithstanding that we received by transfer from Gowanda State Hospital for treatment in this pavilion, five cases well advanced in the disease, of whom one died shortly after his arrival. This is the lowest death rate from tuberculosis in any year during the past seven years.

The following table gives the causes of death of the 166 patients who died during the year:

	Men	Women	Total
General paralysis	27	6	33
Pneumonia	14	12	26
Acute and chronic entero-colitis.....	12	9	21
Pulmonary tuberculosis	9	10	19
Acute and chronic nephritis.....	5	8	13
Chronic valvular disease of the heart..	6	6	12
Epilepsy, including status epilepticus,	6	4	10
Cerebral haemorrhage	4	4	8
Ruptured heart	1	2	3
Dilated heart	1	1	2
Central neuritis	2	3	5
Degeneration of coronary arteries.....	1	....	1
Arterio-sclerosis	2	....	2
Arterio-sclerosis and epilepsy.....	1	....	1
Rupture of aortic aneurism.....	1		1
Purpura-haemorrhagica following diphtheria		1	1

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	Men	Women	Total
Pulmonary oedema		1	1
Intestinal obstruction		1	1
Terminal senile cortical encephalitis..	1		1
Peritonitis from abscess of the kidney,	....	1	1
Exhaustion of acute insanity.....	1	....	1
Exhaustion of chronic insanity.....	....	1	1
Infectious cholecystitis .....	....	1	1
Cerebro-spinal syphilis	1	....	1
Mastoid disease	1	....	1
	96	70	166

The number of deaths from general paralysis shows a considerable increase over previous years. Last year there were twelve deaths from this cause, and the average for several years past has been sixteen.

Next in importance is pneumonia, which accounted for twenty-six deaths. Many of these cases were in old persons, and it is a common cause of death in the aged.

Acute and chronic inflammatory diseases of the intestinal canal accounted for twenty-one deaths.

Diarrhoeal diseases have been somewhat more common than formerly. A year ago there was, in the latter part of the summer, a considerable epidemic of diarrhoea and dysentery which we attributed to the water.

It is very gratifying to observe that tuberculosis, which heretofore has occupied first place in causes of mortality, has dropped this year to fourth; the number of deaths from thirty-four to nineteen. Acute and chronic nephritis, thirteen cases, is slightly less than last year. Diseases of the heart have been constantly a rather frequent cause of death. Last year there were twenty deaths from this cause, and the year previous, eighteen. It will be seen in the above table that, including the valvular diseases, the ruptured and dilated hearts, and one case of degeneration of the coronary arteries, that there were nineteen deaths, which would appear to show that the causes of death attributable to abnormal conditions of the heart among the insane, are fairly constant, and constitute more than ten per cent of the deaths. An interesting and unusual record is shown here in three cases of ruptured heart.

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This condition is seen so rarely that it is regarded almost as a curiosity; the fact that we encountered it three times in seventy-nine autopsies is an unusual experience. The cases are of sufficient medical interest to warrant more extended notice.

Case No. 1.—A woman, aged sixty-four, has been a patient here for four years suffering from involutional melancholia of the agitated type. She was constantly apprehensive and restless. She was feeble and was on an infirmary ward, but was not confined to bed. While in the bath room preparing for a bath, she suddenly sank to the floor and expired. The autopsy was performed two hours after death. The pericardium was found distended with coagulated blood, and a rupture was found in the left ventricle posteriorly, about $2\frac{1}{2}$ cm. from the apex. The heart was rather small, weighing 295 Gm. There were some patches of degeneration in the first portion of the aorta, and the aortic valve was thickened, but competent. The heart, during life, had given no evidence of disease.

Case No. 2.—A woman, aged about seventy, was admitted September 7, 1907, and died September 9, 1907. Form of insanity was senile deterioration, and she exhibited the usual symptoms of disorientation, mistaken identity, etc., and on the first day was restless, getting out of bed, arranging and disarranging the clothing. On the second day she was dressed early in the morning, and came down one flight of stairs to be photographed, and appeared strong for a person of her age. She also had a bath that morning, and had a good breakfast. Her temperature was normal, pulse seventy-five, respirations twenty. About noon she was transferred to another ward, and, accompanied by two nurses, had gone down the same flight of stairs which she had gone down and up earlier in the day; when at the bottom step she sank to the floor and expired. The autopsy, two hours after death disclosed a ragged linear tear two and one-half cm. long in the left ventricle posteriorly, near the apex. The heart muscle itself was pale and somewhat soft and a partially organized clot filled the ventricle. There was considerable degeneration around the base of the aorta, especially at the opening of the right coronary artery, and the coronary artery, throughout its length was atheromatous. The valves showed no evidence of disease, except some thickening of the mitral valve.

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Case No. 3.—A man, aged seventy, had been a patient here seventeen years; form of insanity — terminal dementia. There was a considerable degree of arterio-sclerosis present, but the heart had appeared to be normal. On the evening of the 5th of January, 1907, about ten P. M., the patient, having retired several hours previously, was seized with a severe attack of dyspnoea, with distress and pain in the region of the heart, with pain radiating down the left arm. When the physician reached him he was covered with perspiration, and his hands, lips and ears were cyanotic. The heart sounds were muffled and faint. He became more comfortable after a time, but was unable to lie down, and was fixed for the night in a chair, supported by blankets and pillows. He continued in this position with but little further complaint until 11.45 P. M., when he suddenly fell forward, and when the attendant reached him he was dead. The autopsy disclosed a small rupture of the heart in the left ventricle anteriorly, and near the inter-ventricular septum. Surrounding the tear was an area of myocardial degeneration. The lumen of the left coronary artery was encroached upon by reason of the arterial sclerosis, which was generalized, and some of the terminal branches were occluded. In only one of these cases was there evidence of pain, and in no case was any unusual exertion being made when the rupture occurred. We have notes of nine cases of this affection encountered in 578 autopsies. In a paper read before the St. Lawrence County Medical Society on October 1, 1907, Dr. Nevin presented this series of cases and exhibited a number of the museum specimens.

The following is a brief summary of five cases of central neuritis, diagnosed during life and confirmed by autopsy. This disease was first described by Dr. Adolf Meyer in 1901, he having published previously observations bearing upon the disease as early as 1897. "Pathologically it is a partially systemic but widely distributed symmetrical parenchymatous alteration of numerous nerve elements chiefly of the cortico-thalamic connections of the motor area." Clinically it is described by Dr. Meyer as "a disease insidious in its onset in which, with no suspicion of organic disorder, there appears more or less suddenly difficulty of locomotion, increasing weakness for co-ordinated movements, at times jactations of the limbs and rigidity and disorders of the reflexes, often together with diarrhoea and occasional febrile fluctuations. The mental condition in this terminal episode is usually that of anxious, perplexed agitation, delirium or stupor."

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No. 5924.

Admitted October 17, 1906.—This man, aged fifty-eight, in August could not do his farm work as well as usual. He became sleepless; lost in strength; soon became excitable and had various delusions; crawled about the floor as if to find something. A few days before admission was prostrated; unable to walk; had twitchings of his muscles; en route seemed very much frightened; often cried out as if in fear or pain; had more or less continuous inco-ordinate jerkings of the muscles, particularly of the arms. On admission seemed very much exhausted; had some dyspnoea; eyes were wide open and staring; would grab at things in a grossly ataxic fashion; seemed inattentive to questions; arms semi-flexed; thumbs pointing towards palms, with frequent electric-like pronations of forearms and flexions of wrists; twitching of eyelids; at times, of entire face. Jactations were increased when patient was approached. When arms were suspended in the air they would suddenly jerk in unexpected directions; he would frequently cry out utterances which could not be understood; gradual approach to deeper stupor with more or less continuous jactations, though, at times, attention could be obtained. Absence of other neurological symptoms. Death, with considerable cyanosis and dyspnoea.

No. 6069.

Admitted March 19, 1907.—This woman, aged fifty-five, of imbecilic make-up, had been insane for twenty years, showing many of the symptoms of a dementia praecox psychosis. On admission poorly nourished; had slight dullness over the right lung, with harsh breathing; was fairly oriented; irritable; unreliable recollections and various persecutory religious and somatic ideas with slight auditory hallucinosis. On March 23d was given an anaesthetic and two toes amputated from right foot, which had been frozen before admission. In April she had some diarrhoea. In May seemed somewhat more prostrated; was unable to walk; had tendency to lean to one side and had recurrence of diarrhoea. By the latter part of the month showed some muscular twitchings, with occasional jerks of the arms and legs, also rather rambling talk. Soon distinct jactations of the arms with marked flexor rigidity of the legs, which seemed to be made worse when patient was approached or anything was done for her. Lumbar puncture showed thirteen white cells to the cm., and injection of the cerebro-

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spinal fluid into guinea pigs produced negative results. Soon developed difficulty in swallowing; had occasional twitchings of the face and eyes; had rather characteristic staring expression; absence of Babinski reflex; pupillary light reaction normal. Haemoglobin ninety per cent. Increased tendency to stupor, yet would recognize events about her at times. During the course of the disease slight elevation of temperature; muscular twitchings, especially of the face, until a few minutes before death.

No. 6154.

Admitted May 23, 1907.— This man, aged fifty-six, had worried for some time over his intemperate wife. He himself was strictly temperate. In January, 1907, took an anaesthetic and was operated on for haemorrhoids. Soon noticed to be rather queer in actions; became reduced in health; did rather peculiar thing in February, such as taking bedding away from home; also would wander about nights; spoke of hearing noises. In April complained of stiffness of limbs; would stagger; had some pains; spoke of feeling as if he would fall forward; thought stuff was injected into his body; at times seemed easily startled and there would be sudden jerks of his limbs. For two or three days had diarrhoea. Shortly before admission, slightly delirious talk. On admission, dull, restless, replied at random; inattentive; soon developed a low delirium and gradually muscular tension of the limbs, especially the arms with occasional twitchings and jerks, which gradually increased in frequency and degree; subsequently, slight retraction of the head, twitchings of the facial muscles and jaw, twinkling of the eyelids, which were held widely open; seemed easily startled by noises, and when approached jactations would become worse, increasing stupor, difficulty of swallowing, slight diarrhoea, spastic reflexes; labored respiration; haemoglobin sixty per cent; absence of Babinski reflex; pupillary light reaction intact; slight elevation of temperature throughout course of the disease.

No. 6221.

Admitted July 23, 1907.— This woman, aged fifty-six, was well until the birth of a child eight years ago, at which time she had a severe labor and has been in ill health since. Three and a half years ago, after the death of her brother, became indifferent, soon talkative, violent, and since then has shown various deterioration

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symptoms, having absurd somatic ideas about body decaying, finally showing cataleptic traits. About a week before admission it was noticed her gait was somewhat shambling; had tremor of the hands; said she was without hands or arms. On admission, haemoglobin fifty-two per cent; slight muscular tension; unable to walk; made only a few tremulous marks with the pencil when asked to write her name; was dull, inaccessible. Within a few days developed a diarrhoea; began to talk in a subdued, delirious fashion; reacted somewhat to auditory hallucinations; soon developed considerable tension of the limbs, especially of the arms, with occasional twitchings and jactations, which were arthymic, and, at times, quite vigorous and advancing tendency toward stupor. Finally, arms were in semi-flexion with retracted head, grotesque facial jerks, especially of the lower jaw, with resultant bilateral dislocations several times. Eyes wide open and staring. However, even to a few hours before death, patient's attention could, at times, be attracted, and she would cry out as if in pain when touched. During the course of the disease there was no elevation of temperature; absence of Baninski reflex, but reaction to sensory stimuli was good.

No. 6257.

Admitted August 25, 1907.— This woman, aged forty-six, previously well until six years ago, when she had severe attack of grip. Since, more or less ill health and considered unbalanced mentally. However, for past four years has worked out until May last; she then became restless; talkative; sat and rocked for hours; seemed confused at times, and for two months previous to admission kept continually whispering to herself; finally spoke of the house being filled with snakes and expressed some fear; later became destructive; disposed to assault and was quite untidy; occasionally would express depressive ideas; shortly before commitment considerable physical failure noticed and seemed especially fatigued; en route, patient seemed dull; would not pay any attention to questions; laughed to herself at times; later noisy, resistive, clapping her hands. While en route had peculiar seizure in the form of stiffening of the limbs and loss of consciousness for a few seconds; on admission reduced nutrition; haemoglobin eighty per cent; enlarged thyroid; albumen and granular casts; loose cough; unsteady gait; active reflexes; occasional twitchings of limbs; reacted to pin pricks; pupils normal: co-operated poorly; was resistive,

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seemed dull and drowsy; muttered much to herself; was restless; often lying with eyes closed or staring fixedly; soon became somewhat talkative, "How are you? well, quite well — where are you? twelve, twelve, twelve. Your name? Luny, Luny, — (Luna). Your age? twelve, quite well — put out your tongue — twelve by twelve. Are you sick? yes" (laughing). Soon had difficulty in swallowing solid food and finally liquids; much prostration; distension of abdomen with discolored area; occasional quick jerks of the arms, head and facial muscles, with tonic rigidities; jactations seemed worse when approached; frequently seemed startled; increasing stupor with restlessness; occasionally noticed events about her; retraction of the head; more marked semi-flexion of the arms, with frequent twitchings; death September, 1907.

In each of these five cases the report of the Pathological Institute as to the findings were confirmatory of central neuritis, all showing a typical axonal reaction of the large pyramidal or Betz cells.

It is the intention of one of the staff to publish, in the near future, an account of all the cases of central neuritis which have come under observation at this institution.

STAFF MEETING

The staff meetings have been conducted daily throughout the year. They are held in the morning at nine o'clock in the superintendent's office, and all members of the staff attend. Cases recently admitted have been regularly presented by the physician who made the mental and physical examination, and, in every case where the condition of the patient warranted it, the patient himself has been presented, and such additional examination and tests made as seemed desirable to further elucidate doubtful points, and the case was then discussed in all of its aspects by the members of the staff. All cases which were of doubtful diagnosis were presented a second, and a few even a third time at intervals of one or two months, and to a large extent the patients who were recommended for discharge were again presented to demonstrate the completion of the recovery. This practice has led to a more critical examination of the presumably recovered cases, and has led to conservatism in designating the condition of discharged patients. The designation recently adopted by the Commission of "much improved" furnished a convenient designation for a small class

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whose improvement has stopped just short of perfect recovery. The Saturday morning conference is devoted to pathological work. The autopsies of the week were reviewed, the post-mortem findings compared with the clinical notes, and gross and microscopical specimens were examined.

OCCUPATION

As our knowledge of mental diseases increases, the importance of occupation and recreation for the insane becomes more and more apparent. In general hospitals the average residence of patients is only a few weeks; while in hospitals for the insane, even the most favorable cases must remain several months to a year, and in many, who finally recover, it is necessary for them to remain in a hospital more than a year. Recovery is hastened and made more certain by proper employment. It is likewise essential for those who do not recover, but who must remain in custody, and who constitute the bulk of our population. To spend days and weeks in idleness, confirms bad habits, as irritability, destructiveness, and leads, without question, to more rapid and advanced deterioration. It is essential in the proper management of an institution of this character to provide healthful and interesting occupations and recreations for the inmates. The managers, in furthering this object, secured an appropriation for enlarging the shop for patients' industries, and in every way encouraged the employment of as large a number as possible to do work of this character, and particularly in providing a room where women patients could be similarly employed. The success of this measure has amply justified their views. Following a plan outlined in the beginning, we made no attempt to fill this room with quiet and industrious patients. These can find means of employment elsewhere. On the contrary, we selected, from the disturbed wards, patients who had not heretofore been employed regularly, but who, in the judgment of the ward physician, were mentally capable and who would be benefited by employment. We began with only a small number, and the number at no time has been above twenty. The removal of these patients from the wards resulted in a benefit to the order of the ward and to the patients. The women have been employed at sewing mattress ticks, caning chairs, making rugs and other miscellaneous work devised to meet each case. Some of them could do no more than pick hair. We have demonstrated many times during the year, at the staff meetings, when the

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notes and records of the cases were read prior to the discharge of the patient, that the improvement in the mental condition of the patient was coincident with his being placed at work in some one of the departments. Patients have, themselves, referred to it upon recovery. In the summer it is easy to find work for all who are able to be out of doors, but in the winter it has been difficult at times to keep all able-bodied men suitably employed. Last winter the stone quarry furnished healthful employment for a number of men, and now that the quarry has been purchased, we expect to employ a still larger number. Out-of-door work is far the best employment for able-bodied men — work with a hoe or spade, or a wheelbarrow.

INWOOD.

The results obtained in the treatment of tuberculosis patients, in a separate pavilion, have proven most gratifying. There were admitted to the pavilion during the twelve months twenty men and eighteen women, of whom five were transferred here from the Gowanda State Homeopathic Hospital, in the advanced stages of the disease, and one of whom died of the disease within a short time. Ten other patients were found afflicted with the disease upon admission to the hospital. Considerable improvement has taken place in a number who are still under treatment, and nine have been discharged from Inwood to other wards of the hospital, not requiring further treatment, while five have been discharged and returned home. No important change has been made in the plan of treatment, which was outlined in the last annual report. An abundance of fresh air by day and night, well cooked food, slightly in excess of the requirements of healthy persons, are our remedies. The days are spent out of doors and at night some of the windows are always open. No attempt is made to keep the temperature of the sleeping and living rooms higher than fifty-five to sixty degrees, but resort is had to extra clothing and warmth to the feet when it is desired. The health of the nurses employed at the pavilion has been good during the year. No illness has occurred which could be attributed to the disease or to exposure in the care of patients out of doors. The State is fortunate in that it can command the services of this faithful band of nurses and employes, who do not receive compensation beyond other employes of the same grade. We earnestly hope that provision will be made by the Legislature

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for a separate building, which will afford them the privilege of spending their hours of rest and recreation apart from their charges.

PATHOLOGICAL LABORATORY

This laboratory has been in charge of Dr. E. A. Nevin, who has assisted at all autopsies during the year. There were seventy-nine autopsies, about 47 per cent of the deaths. At each autopsy the material was secured from the principal organs and from other parts showing pathological changes for further microscopical study. Material was completely worked up in nineteen cases. The remainder are still in process. 450 slides and ten gross specimens were added to the museum. Five additional cases of central neuritis were diagnosed during life and confirmed by the microscopical examination of the brain, making nine cases of this rare disease, which have been identified in this hospital during the past three years.

In twenty-one cases the findings were of sufficient importance to justify us in sending specimens to the Pathological Institute for more complete study than our facilities here would permit. In this connection I wish to express my appreciation of the assistance rendered us in our work by Dr. Adolf Meyer, director of the institute, and his associates, who have been ever ready to render us assistance.

WATER SUPPLY

Our contract with the city of Ogdensburg for water will expire in 1910; by the terms of this contract the hospital pays \$4,000 per annum for a quantity not to exceed 375,000 gallons daily. The water is obtained from the Oswegatchie river, is soft, and to that extent well adapted for domestic purposes, and, until recent years, has been regarded as free from the taint of water borne disease. However, there are three villages on its banks, Gouverneur, Rensselaer Falls and Heuvelton, and throughout the greater part of its course it flows through an agricultural country. The question of its purity is now under discussion, with something to be said on both sides. Without taking sides in the controversy, it may fairly be said that the conditions are such that it may easily become the medium of a serious epidemic. An outbreak of typhoid fever in one of the villages mentioned, or even a case in an isolated farm house on its banks, could result disastrously to the consumers of the Oswegatchie water. There is yet another objection to this water more tangible and easily

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demonstrated. I refer to its physical impurities. The color is naturally dark, which is further augmented at certain periods by considerable quantities of black, partly decomposed sawdust. This sawdust lies thickly on the bed of the stream for practically its whole extent, a relic of the old days when the saw mills dumped their refuse into the river. When the water is low in summer, or when stirred up by freshets and moving ice in the spring, it finds its way into the supply pipes in such quantities as to offer a serious problem to the plumbing force. The hospital lies a little lower than the city proper and the sawdust seems to settle along the bottom of the mains, for, when the normal circulation is disturbed by flushing the street hydrants, our laundry is usually obliged to shut down until the water becomes clearer, and the water is constantly more roily here than in town. Our contract with the city of Ogdensburg expires in three years, and plans should now be considered for obtaining a supply of clean and wholesome water at that time. I shall be unwilling to renew the contract for another term of years under the conditions which now prevail.

MEDICAL STAFF

Dr. E. C. Foster, medical interne, resigned on October third to accept an appointment as junior physician in the Central Islip State Hospital. On October thirtieth Dr. Christopher Fletcher was appointed medical interne to fill this vacancy. On October fourth Dr. Mason Pitman, clinical assistant, received an appointment as medical interne at the hospital for the insane at Worcester, Mass. Dr. H. P. Healey, who had served one year as medical interne, resigned on August twenty-eighth to enter private practice.

Dr. Nevin and Dr. Somers attended a course of instruction covering a period of two weeks, at the Pathological Institute during March. Doctors Ryon and Burdick attended a conference of assistant physicians with the director of the Pathological Institute at the Buffalo State Hospital in March, and Dr. O'Neil attended a similar conference in September at the Gowanda State Hospital.

The St. Lawrence County Medical Society held a semi-annual meeting at the hospital on the first of October, which was largely attended. We are under continued obligations to the members of the consulting staff, Doctors Madill, Bell, Hanbidge and Butler, for their assistance and the interest manifested by them in our patients.

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

RECREATIONS

The weekly dances for patients were held regularly during the cooler months of the year and served to amuse a large number of patients. A particularly pleasant occasion was a masquerade ball on February twelfth, in which the patients evinced a gratifying interest. Many of them prepared their own costumes and displayed ingenuity and skill in their construction. On August fourteenth 300 patients attended the afternoon performance of Forepaugh & Sells Brothers' circus in Ogdensburg. Our annual field day was held July thirty-first, and, as usual, was one of the events of the year. Many of the patients took part in the contests. About 1,200 patients attended. In May an amateur minstrel show was given by the Young Men's Catholic Club. The steamboat Dorothy was in commission during the summer and a large number of patients enjoyed outings on the river. Among the evening entertainments were Dibble's moving pictures, Victor's Venetian Band, a recital by Miss Helen Richings and entertainments by Professor Bingham and Mr. McCollin.

The St. Vincent chapel, a gift of Father Conroy, was completed March third, and services have been held on Sunday mornings at 9.30 since that time.

On Sunday afternoons at 3 o'clock the usual Protestant services have been held in the Amusement Hall, conducted by the ministers from the different churches in the city.

During the year the usual visits have been made by the State Commission in Lunacy. In October and June the Commission met with the Board of Managers and various matters pertaining to the needs of the hospital were considered.

The usual visits were made by Dr. W. L. Russell, medical inspector, who examined recently admitted patients and inspected the institution thoroughly.

On November twentieth the hospital was visited by the Committee of the State Charities Aid Association, Mr. and Mrs. G. W. Knowlton, of Watertown, and Mr. Andrew Irving, of Ogdensburg.

Again we are under obligations to publishers for the following newspapers gratuitously furnished to our patients: Adirondack News, Antwerp Gazette, Canton Commercial Advertiser, Baldwinsville Gazette, Carthage Republican, Chateaugay Record, Essex County Republican, Fayetteville Weekly Record, Franklin Gazette, Glens Falls Morning Star, Gouverneur Free Press, Jefferson County Journal, Lakeside Press, Lowville Journal and Republican,

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

Malone Palladium, Mexico Independent, Watertown Advocate, Ogdensburg Advance, Potsdam Courier and Freeman, Potsdam Recorder, Elizabethtown Post, Fort Covington Sun, Theresa Weekly Gleaner, Malone Farmer, Manlius Eagle, Northern Tribune, St. Lawrence Republican, Plattsburgh Republican, Sandy Creek News, Tully Times, Watertown Post, St. Lawrence Herald, St. Lawrence Plaindealer, Ticonderoga Sentinel, Watertown Herald, Northern Christian Advocate, Watertown Re-Union, Richville Recorder, Phoenix Register.

We are also under obligations to several thoughtful donors to the patients' library. Papers and magazines were contributed by Mrs. C. H. Leete; Hon. George Hall and family, one year's subscription to the *World's Work and Country Life*, and a number of very suitable games by Miss Mabel White of Syracuse. Magazines from Mr. Charles Cooper, Mr. Horsford and Mrs. W. J. Douglass of Ogdensburg, periodicals from the State Hospital Club, several volumes pertaining to training school matters, donated by Saunders & Company of Philadelphia, to the Nurses' library. Various magazines from Mr. James M. Wells, Mrs. Vilas, Father Cole, Miss Mary Sherman, John E. Bell, Attorney George E. Van Kernen and Mrs. C. O. R. Bell, of Ogdensburg; also a large box of books from Mr. George W. Dustin of Malone.

In closing, I wish to record for myself and my associates our appreciation of the unwavering sympathy and support which we have always enjoyed at the hands of the Board of Managers. It is a pleasure to be associated with a board whose policies are so broad and progressive and whose devotion to the best interests of the patients and the institution is so deep and sincere.

We are under continued obligations to the State Commission in Lunacy for its interest in our welfare and for the fair and impartial consideration that our estimates have received.

The steward, Mr. W. C. Hall, has rendered efficient service; his department is conducted with fidelity and economy.

I am under obligations to my associates on the medical staff for the painstaking manner in which the work in that department has been done.

The heads of departments; the supervisors and employes who have done well what has been given them to do have contributed in no small degree to the success and reputation of the institution.

Respectfully submitted,

RICHARD H. HUTCHINGS

Superintendent

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

STEWARD'S REPORT

To the Medical Superintendent:

The report of the farm and garden products, live stock on hand, the classification for maintenance, steward's sales and articles manufactured and repaired for the year ending September 30, 1907, is herewith respectfully submitted.

W. C. HALL

Steward

FARM REPORT

Apples, 235 bushels.....	\$117 50
Apples, crab, 46 bushels.....	34 50
Beef, 520 pounds.....	33 80
Butter, 1,988 pounds.....	495 28
Calves, sold, 5.....	10 50
Chicken, 1,845 pounds.....	277 25
Corn, ears, 97 bushels.....	48 50
Corn, fodder, 147 tons.....	441 00
Cows sold, 3.....	18 00
Eggs, 3,522 dozen.....	704 40
Ensilage, 800 tons.....	2,800 00
Hay, 480 tons.....	5,760 00
Lamb, 272 pounds.....	27 20
Lamb pelts, 9.....	8 00
Milk, 308,678 quarts.....	10,032 03
Oats, 3,000 bushels.....	1,080 00
Pigs sold, 30.....	60 00
Pork, 49,011 pounds.....	3,675 83
Potatoes, 6,841 bushels.....	3,420 50
Straw, 70 tons.....	420 00
Veal, 105 pounds.....	8 40
Wool, 250 pounds.....	62 50

\$29,535 19

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GARDEN

Asparagus, 665 bunches.....	\$46 55
Beans, string, 440 bushels.....	220 00
Beans, Lima, 28 bushels.....	21 00
Beets, 783 bushels.....	234 90
Beets, 583 bunches.....	29 15
Beet greens, 16 bushels.....	4 00
Cabbage, 224,148 pounds.....	1,120 74
Carrots, 867 bushels.....	260 10
Cauliflower, 1,520 heads.....	91 20
Celery, 10,819 heads.....	324 57
Corn, sweet, 48,667 ears.....	365 00
Corn, pop, 10 bushels.....	10 00
Cucumbers, 139 bushels.....	69 50
Currants, 282 quarts.....	16 92
Egg plant, 77 pounds.....	2 31
Gooseberries, 64 quarts.....	3 84
Grapes, 327 pounds.....	8 17
Horseradish, 23 bushels.....	11 50
Lettuce, 268 bushels.....	107 20
Mint, 122 bunches.....	3 66
Onions, 798 bushels.....	478 80
Onions, 9,513 bunches.....	190 26
Parsnips, 387 bushels.....	154 80
Parsley, 512 bunches.....	15 36
Peas, green, 200 bushels.....	150 00
Peppers, red, 5 dozens.....	15
Pickles, cucumber, 500.....	3 75
Pickles, tomato, 30 barrels.....	75 00
Pumpkins, 7,975 pounds.....	19 94
Radish, 5,296 bunches.....	211 84
Rhubarb, 2,755 bunches.....	137 75
Sage, 623 bunches.....	62 30
Squash, 15,761 pounds.....	157 61
Strawberries, 3,130 quarts.....	250 40
Sauerkraut, 15 barrels.....	45 00
Tomatoes, 277 bushels.....	110 80
Tomatoes, green, 81 bushels.....	20 25
Turnips, 667 bushels.....	166 75

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

Melons, musk, 997.....	\$49 85
Melons, water, 430.....	43 00

\$5,293 92

Farm and garden products.....	\$34,829 11
Work not connected with farm, done by farm teams, hauling stone, ashes, ice, freight and road work.....	1,416 30
	\$36,245 41

Debit

Farm feed consumed.....	\$10,549 50
Less furnished carriage horses and work teams...	1,246 36
..	\$9,303 14
Farm wages	5,100 00
Board and commutation.....	1,692 00
Expenditures for farm, including rentals	8,701 13
Repairs	535 38
	25,331 65
Profit	\$10,913 76

LIVE STOCK AND POULTRY ON HAND

Boars	2
Bulls	2
Calves	22
Colts, 2 years.....	3
Colts, 1 year.....	5
Colts, suckers	2
Cows	173
Heifers, 2 years.....	22
Hens and chickens.....	800
Hogs	230
Horses	38
Mules	2
Sheep	62

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	963	854	1,817
Admitted during year ending September 30, 1907.....	226	153	379
On original commitments:			
From residences.....	213	146	359
By transfers from county houses..	5	6	11
By transfers from other institutions for insane.....	8	1	9
Total number under treatment during year.....	1,189	1,007	2,196
Daily average population.....	980.501	864.219	1,844.72
Capacity of institution.....	957	836	1,793
Discharged during year:			
As recovered.....	60	36	96
As improved.....	33	48	81
As unimproved.....	10	3	13
As not insane.....	4	1	5
Died.....	96	70	166
Whole number discharged during year.....	203	158	361
Remaining October 1, 1907.....	986	849	1,835

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1906, to September 30, 1907.

Date of opening, December 9, 1890.

Total acreage of grounds and buildings, 990.

Value of real estate, including buildings, \$2,532,405.72.

Value of personal property, \$143,000.

Acreage under cultivation, 460.

Receipts during the year:

From private patients.....	\$4,123 03
From reimbursing patients.....	14,358 88
From all other sources.....	693 47
	\$19,175 38

Disbursements during the year for maintenance:

Estimate No. 1.	For officers' salaries.....	\$19,360 42
Estimate No. 2.	For wages	126,963 87
Estimate No. 3.	For provisions and stores.....	95,327 61
Estimate No. 4.	For ordinary repairs	11,030 58
Estimate No. 5.	For farm and grounds.....	9,728 59
Estimate No. 6.	For clothing of patients.....	11,834 69
Estimate No. 7.	For furniture and bedding....	10,194 09
Estimate No. 8.	For books and stationery.....	2,194 81
Estimate No. 9.	For fuel and light.....	48,160 38
Estimate No. 10.	For medical supplies	1,727 03
Estimate No. 11.	For miscellaneous expenses . .	10,256 41
Estimate No. 12.	For transportation	4,880 88

Total disbursements, Estimates 1 to 12, inclusive, \$351,659 36

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Concluded)

	Total value	Per capita
Food supplies purchased.....	\$83,542 15	\$45 28
Food supplies from farm.....	22,939 07	12 43
	\$106,481 22	\$57 71
Daily per capita cost of food supplies on patients' population		\$0.1580
Daily per capita cost of food supplies on entire hospital population		.1298
Percentage of food supplies purchased.....		.7846
Percentage of food supplies obtained from farm.....		.2154
Outstanding indebtedness for food supplies at end of fiscal year		None.
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....		\$3.6674
Maximum rate of wages paid attendants:		
Men		\$30 00
Women		22 50
Minimum rate of wages paid attendants:		
Men		\$22 00
Women		16 00
Proportion of day attendants to average daily population		1 to 10.19
Proportion of night attendants to average daily population		1 to 52.70
Percentage of daily patient population engaged in some kind of useful occupation.....		.598
Estimated value of farm and garden products during the year		\$34,829 11
Estimated value of articles made, manufactured or repaired by patients during the year.....		33,714 61

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPO- SITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	8	12	20	3	3	6	....
Mental strain, worry and overwork (not included in above)	13	12	25	5	3	8	1
Religious excitement.	3	2	5	1	1	2	....
Love affairs (includ- ing seduction).....	3	1	4	1	.....	1	1
Physical:							
Intemperance.....	48	4	52	15	1	16	6
Sexual excess.....	1	.....	1	1	.....	1	....
Venereal diseases....	9	.....	9	2	.....	2	1
Masturbation.....	11	.....	11	5	.....	5	1
Sunstroke.....	8	.....	8	1	.....	1	....
Accident or injury...	6	2	8	1	1	2	....
Parturition and puer- perium.....	.....	5	5	.....	3	3	....
Change of life.....	.....	19	19	.....	6	6	1
Fevers.....	1	.....	1	1	.....	1	....
Privation and over- work.....	3	5	8	1	1	2	2
Epilepsy.....	7	5	12	1	1	2	....
Diseases of skull and brain.....	1	3	4	.....	2	2	....
Old age.....	25	20	45	4	6	10	14
Abuse of drugs.....	5	6	11	1	1	2	1
All other bodily disor- ders and ill health.	13	8	21	5	.....	5	4
Hereditary.....	8	21	29	8	21	29	....
Congenital defect.....	6	4	10	2	2	4	1
Unascertained.....	42	23	65	13	9	22	16
Not insane.....	5	1	6	.....	.....	.....	....
Total.....	226	153	379	71	61	132	49

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	51	39	1	122	59	74
General paralysis.....	26	.....	33	76	.....	68
Senile insanity	58	.....	35	149	1	110
Epilepsy with insanity.	14	.....	17	30	4	38
Imbecility, idiocy with insanity	17	2	2	28	4	6
Other psychoses.....	207	55	78	557	211	190
*Not insane.....	6	5	.....	11	11	1

* Includes cases of alcoholism, drug habit, etc.

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since December 9, 1890

	YEAR ENDING SEPTEMBER 30, 1907						SINCE DECEMBER 9, 1890					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month	22	9	31	...	...	...	311	183	494	10	1	11
One to three months	18	15	33	8	5	13	236	174	410	145	95	240
Three to six months	6	5	11	20	11	31	104	100	204	289	225	514
Six to nine months	3	3	6	11	7	18	55	43	98	168	123	291
Nine months to one year	6	1	7	8	6	14	34	15	49	73	54	127
One year to eighteen months	1	...	1	8	3	11	25	28	53	87	46	133
Eighteen months to two years	1	2	3	...	...	...	16	9	25	12	16	28
Two to three years	1	1	2	2	2	4	9	22	31	30	21	51
Three to four years	...	...	...	1	...	1	4	1	5	8	5	13
Four to five years	...	...	...	...	1	1	5	3	8	4	4	8
Five to ten years	1	...	1	2	1	3	5	5	10	3	3	6
Ten to twenty years	...	...	...	...	...	...	2	4	6	3	1	4
Unascertained	1	...	1	...	...	...	26	7	33	...	...	...
Total	60	36	96	60	36	96	832	594	1,426	832	594	1,426

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since December 9, 1890

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				22	10	32
Mumps.....				1	3	4
Influenza.....				4	15	19
Erysipelas.....				16	16	32
Septicemia and pyemia..	1		1	7		7
Dysentery.....	4	1	5	25	34	59
Syphilis.....				6	5	11
Tuberculosis.....	9	10	19	105	144	249
Constitutional diseases:						
Rheumatism (or rheu- matic affections).....				1	1	2
Arthritis deformans.....					1	1
Diabetes mellitus and diabetes insipidus....					2	2
Scurvy, purpura and haemophilia.....		1	1	1	5	6
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....				1	7	8
Diseases of the stomach..	1		1	5		5
Diseases of the intes- tines.....	8	8	16	47	52	99
Diseases of the liver.....		1	1	100	4	104
Diseases of the pancreas ..				1		1
Diseases of the peri- toneum.....		1	1	5	6	11
Diseases of the respiratory system:						
Diseases of the lungs... ..	13	13	26	138	91	229
Diseases of the circulatory system:						
Diseases of the pericar- dium.....	1		1	3		3
Diseases of the heart.....	8	9	17	108	68	176

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

Table No. 7—(Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Diseases of the circulatory system — <i>Continued:</i>						
Arterio-sclerosis.....	4	.....	4	15	.....	15
Aneurism.....	1	.....	1	2	.....	2
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukæmia....	.....	.....	.....	1	2	3
Hodgkin's disease, Addison's disease and myx- œdema.....	.....	.....	.....	.....	1	1
Exophthalmic goitre....	.....	.....	.....	.....	1	1
Diseases of the genito- urinary system.....	5	8	13	110	112	222
Diseases of the nervous system:						
Diseases of the spinal cord.....	.....	2	2	.....	3	3
Diseases of the meninges.....	.....	.....	.....	6	6	12
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	7	4	11	99	69	168
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....	.....	.....	.....	1	3	4
Epilepsy.....	6	5	11	41	41	82
Mental diseases:						
Exhaustion of acute mental disease.....	1	.....	1	29	37	66
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	27	6	33	200	38	238

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

Table No. 7—(Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
The intoxications; heat stroke; obesity:						
Alcoholism.....				1		1
Debility of old age.....				45	51	96
Accident.....				3	5	8
Suicide.....				12	2	14
Surgical and gynecological diseases and diseases of the skin.....		1	1	11	3	14
Malignant new growths or cancer					25	25
Total.....	96	70	166	1,086	864	1,950

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since December 9, 1890

	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	24	13	37	395	290	685
Maternal branch.....	25	26	51	403	402	805
Paternal and maternal branches.....	3	1	4	78	63	141
Collateral branches.....	23	24	47	350	315	665
No hereditary tendency...	113	67	180	1,397	1,103	2,500
Unascertained.....	38	22	60	1,026	785	1,811
Total.....	226	153	379	3,649	2,958	6,607

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since December 9, 1890

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Single.....	109	48	157	1,701	1,058	2,759
Married.....	100	83	183	1,557	1,404	2,961
Widowed.....	13	16	29	288	429	717
Divorced.....	2	5	7	37	33	70
Unascertained.....	2	1	3	66	34	100
Total.....	226	153	379	3,649	2,958	6,607

TABLE No. 10

Showing degree of education of patients admitted during the current year and since December 9, 1890

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Collegiate.....	5	.....	5	86	18	104
Academic.....	24	21	45	206	255	461
Common school.....	141	103	244	2,144	1,754	3,898
Read and write	24	9	33	178	126	304
Read only.....	7	2	9	141	137	278
No education.....	17	15	32	300	280	580
Unascertained.....	8	3	11	594	388	982
Total.....	226	153	379	3,649	2,958	6,607

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since December 9, 1890

	YEAR ENDING SEPTEMBER 30, 1901				SINCE DECEMBER 9, 1890			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total	Total	Men	Women	Total	Total
Under one month.....	9	3	12	17	97	84	181	197
One to three months.....	15	11	26	8	129	92	221	170
Three to six months.....	9	9	18	4	90	57	147	215
Six to nine months.....	3	2	5	6	69	37	106	132
Nine months to one year.....	5	4	9	2	62	48	110	109
One year to eighteen months.....	7	...	7	6	79	47	126	195
Eighteen months to two years.....	6	6	12	1	56	39	95	93
Two to three years.....	5	3	8	5	100	48	148	176
Three to four years.....	1	5	6	4	55	53	108	133
Four to six years.....	4	7	11	9	59	72	131	174
Six to ten years.....	8	4	12	10	65	73	138	249
Ten to twenty years.....	4	6	10	1	81	86	167	106
Twenty years and over.....	5	7	12	...	55	71	126	1
*Not insane.....	...	...	...	...	1	1	2	...
Unascertained.....	15	3	18	...	88	56	144	...
Total.....	96	70	166	70	1,086	864	1,950	1,950
Average duration of insane life (years and tenths).....	5.26		13.87	8.61	5.26	7.51	12.77	12.77

* Includes cases of alcoholism, drug habit, etc.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....		1	1	15	13	28
From 15 to 20 years.....	11	7	18	131	95	226
From 20 to 25 years.....	19	11	30	294	211	505
From 25 to 30 years.....	25	22	47	357	297	654
From 30 to 35 years.....	37	9	46	288	221	509
From 35 to 40 years.....	31	22	53	622	492	1,114
From 40 to 50 years.....	31	34	65	760	664	1,424
From 50 to 60 years.....	29	24	53	545	472	1,017
From 60 to 70 years.....	27	16	43	374	311	685
From 70 to 80 years.....	14	6	20	206	131	337
From 80 to 90 years.....	1	1	2	54	30	84
Unascertained.....	1	.....	1	3	21	24
Total.....	226	153	379	3,649	2,958	6,607

TABLE No. 13

Showing ages of those discharged recovered during the current year and since December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	4	3	7	46	39	85
From 20 to 30 years.....	10	5	15	214	119	333
From 30 to 40 years.....	21	8	29	213	170	383
From 40 to 50 years.....	10	11	21	181	119	300
From 50 to 60 years.....	13	4	17	124	78	202
From 60 to 70 years.....	1	3	4	46	28	74
From 70 to 80 years.....	1	2	3	8	11	19
Total.....	60	36	96	832	564	1,396

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
December 9, 1890

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					1	1
From 15 to 20 years.....	1	1	2	9	5	14
From 20 to 25 years.....	1	1	2	19	22	41
From 25 to 30 years.....	1	2	3	36	50	86
From 30 to 35 years.....	4	4	8	77	57	134
From 35 to 40 years.....	7	4	11	91	71	162
From 40 to 50 years.....	29	12	41	253	190	443
From 50 to 60 years.....	23	14	37	247	194	441
From 60 to 70 years.....	16	15	31	265	217	482
From 70 to 80 years.....	12	13	25	182	119	301
From 80 to 90 years.....	2	4	6	67	67	134
Over 90 years.....					2	2
Total.....	96	70	166	1,246	995	2,241

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	41	27	68
One to three months.....	52	29	81
Three to six months.....	26	26	52
Six to nine months.....	15	5	20
Nine months to one year.....	15	10	25
One year to eighteen months.....	13	6	19
Eighteen months to two years.....	12	11	23
Two to three years.....	9	12	21
Three to four years.....	4	6	10
Four to five years.....	5	3	8
Five to ten years.....	9	9	18
Ten to fifteen years.....	4	2	6
Fifteen to twenty years.....	1	2	3
Twenty to thirty years.....	1	.....	1
Thirty years and upwards.....	1	1	2
*Not insane.....	5	1	6
Unascertained.....	13	3	16
Total.....	226	153	379

*Includes cases of alcoholism, morphia habit, etc.

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	1	5	6
One to three months.....	2	17	19
Three to six months.....	5	9	14
Six to nine months.....	13	29	42
Nine months to one year.....	23	20	43
One year to eighteen months.....	29	51	80
Eighteen months to two years.....	40	48	88
Two to three years.....	46	20	66
Three to four years.....	55	37	92
Four to five years.....	41	69	110
Five to ten years.....	77	24	101
Ten to fifteen years.....	319	243	562
Fifteen to twenty years.....	335	277	612
Total.....	986	849	1,835

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since December 9, 1890

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, sur- veyors, etc.	13	.....	13	110	6	116
Commercial:						
Bankers, merchants, ac- countants, clerks, salesmen, shopkeep- ers, shopmen stenog- raphers, typewriters, etc.	24	.....	24	356	20	376
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	68	.....	68	891	8	899
Mechanics, at out-door vo- cations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc. .	37	.....	37	563	.....	563
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, tail- ors, weavers, bakers, etc.	7	.....	7	303	16	319
Domestic service:						
Waiters, cooks, servants, etc.		14	14	40	783	823
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.		111	111	40	1,619	1,659

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

Table No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales-						
women, stenograp-						
ers, typewriters, etc.		5	5	32	25	57
Employed in sedentary oc-						
cupation:						
Tailoresses, seamstresses						
bookbinders, factory						
workers, etc.		10	10	26	164	190
Miners, seamen, etc.	2		2	22		22
Prostitutes.					10	10
Laborers.	65		65	1,000		1,000
No occupation.	7	9	16	180	222	402
Unascertained.	3	4	7	86	85	171
Total.	226	153	379	3,649	2,958	6,607

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since December 9, 1890

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE DECEMBER 9, 1890		
	Men	Women	Total	Men	Women	Total
United States.....	182	112	294	2,416	1,821	4,237
Canada.....	17	15	32	244	259	503
Ireland.....	8	8	16	301	370	671
England.....	5	4	9	78	62	140
Germany.....	5	6	11	162	140	302
Scotland.....				14	14	28
Wales.....				8	3	11
Belgium.....				2	2	4
Austria.....				12	9	21
Poland.....		1	1	13	8	21
Russia.....	1	1	2	28	8	36
Prussia.....				2		2
Hungary.....		1	1	2	3	5
Holland.....				1		1
Italy.....	5		5	26	10	36
Switzerland.....		1	1	10	5	15
France.....				10	3	13
Sweden.....	2		2	11	2	13
China.....	1		1	4		4
Bavaria.....				2		2
Cuba.....				3		3
Norway.....				2	1	3
Spain.....				1		1
West Indies.....				2	1	3
Greece.....				1		1
Unascertained.....		4	4	136	111	247
Born on ship.....				1		1
Total.....	226	153	379	3,492	2,832	6,324

Of the total number admitted since the 1st of October, 1888, the parents of 41.21 per cent were both of foreign birth.

In 4.32 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 3.38 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

ST. LAWRENCE STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....	1		1
Allegany.....			
Broome.....			
Cattaraugus.....	1		1
Cayuga.....			
Chautauqua.....	1		1
Chemung.....			
Chenango.....			
Clinton.....	33		33
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	2		2
Essex.....	13		13
Franklin.....	40		40
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....	42		42
Kings.....			
Lewis.....	12		12
Livingston.....			
Madison.....			
Monroe.....	1		1
Montgomery.....			
Nassau.....			
New York.....	2		2
Niagara.....			
Oneida.....	1		1
Onondaga.....	104		104
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....	62		62
Otsego.....			

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam			
Queens			
Rensselaer			
Richmond			
Rockland			
St. Lawrence	60	1	61
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben	1		1
Suffolk			
Sullivan			
Tioga			
Tompkins	1		1
Ulster			
Warren			
Washington			
Wayne			
Westchester			
Wyoming	1		1
Yates			
Soldiers' Home			
Total	378	1	379

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	29	21	50			
Allegany.....	2		2			
Broome.....						
Cattaraugus.....	1		1			
Cayuga.....						
Chautauqua.....						
Chemung.....						
Chenango.....	1		1			
Clinton.....	46	57	103		1	1
Columbia.....	4	3	7			
Cortland.....	2		2			
Delaware.....						
Dutchess.....	11	4	15			
Erie.....	4	1	5			
Essex.....	35	21	56			
Franklin.....	45	53	98			
Fulton.....	5		5			
Genesee.....						
Greene.....	3		3			
Hamilton.....	1		1			
Herkimer.....	11	4	15			
Jefferson.....	92	87	179		2	2
Kings.....						
Lewis.....	40	30	70			
Livingston.....	2	1	3			
Madison.....	2	3	5			
Monroe.....	16	15	31			
Montgomery.....	2	4	6			
New York.....	93	41	134			
Niagara.....						
Oneida.....	15	10	25			
Onondaga.....	177	193	370	3	2	5
Ontario.....	1		1			
Orange.....						
Orleans.....		1	1			
Oswego.....	107	96	203		1	1
Otsego.....						
Putnam.....						

ST. LAWRENCE STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Queens.....	7	4	11			
Rensselaer.....	14	19	33			
Richmond.....	4		4			
Rockland.....						
St. Lawrence.....	134	124	258	1	3	4
Saratoga.....	11	3	14			
Schenectady.....	3	1	4			
Schoharie.....						
Schuyler.....						
Seneca.....						
Steuben.....	2		2			
Suffolk.....	1	1	2			
Sullivan.....						
Tioga.....						
Tompkins.....		1	1			
Ulster.....	6	1	7			
Warren.....	5	3	8			
Washington.....	2	8	10			
Wayne.....						
Westchester.....	17	8	25			
Wyoming.....	1		1			
Yates.....	1		1			
Unascertained.....	27	22	49			
Total.....	986	849	1,835	4	9	13

SEVENTEENTH ANNUAL REPORT
OF THE
MANAGERS
OF THE
ROCHESTER STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907

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OFFICERS

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MISS JANE ROCHESTER	Rochester, N. Y.

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VACANCY	Assistant Physician
IRVING L. WALKER, M. D.....	Assistant Physician
EVELINE P. BALLINTINE, M. D.....	Woman Physician
WILLARD H. VEEDER, M. D.....	Junior Physician
INEZ A. BENTLEY, M. D.....	Medical Interne
ELIZABETH H. MERLE, M. D.....	Clinical Assistant

Treasurer

EUGENE H. HOWARD	Rochester, N. Y.
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Steward

W. S. REMINGTON	Rochester, N. Y.
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Counsel

HON. JOHN A. BARHITE.....	Rochester, N. Y.
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FRANK F. DOW, M. D.....	Physician
FREDERICK ZIMMER, M. D.....	Surgeon
ROBERT G. COOK, M. D.....	Neurologist
JOEL M. INGERSOLL, M. D.....	Laryngologist
ROBERT L. CARSON, M. D.....	Ophthalmologist
THOMAS E. NESBIT.....	Odontologist

REPORT OF MANAGERS

To the State Commission in Lunacy:

The Managers of the Rochester State Hospital respectfully submit the seventeenth annual report, together with the reports of the Superintendent and Treasurer for the fiscal year ending September 30, 1907.

Monthly visits have been made to the hospital by the Board of Managers during the year, when the several departments have been carefully inspected.

The old steam piping in the North building has been completely renovated, and the hot-water system has been connected with the new boiler-house. The old and defective electric wiring throughout this section has been renewed, and the wards refitted and painted.

The standard hydrotherapeutic equipment has been installed in the Reception building. A few defective bath-room floors in the new buildings have been relaid with tile, and the Farm cottage removed from the eastern lawn.

During the year the capacity of the hospital has been fully reached in all the wards, dining-rooms and dormitories. While the standard of care maintained with reference to board, clothing, furnishings and amusements has been in the main satisfactory, it should not under any circumstance be lowered.

It is evident that the construction of the new buildings, is, in important particulars, defective to such a degree that continuous effort and expense will have to be made by the repair force at the hospital.

The Lake farm is situated on the shore of Lake Ontario, in the town of Webster, four miles from the trolley line. The situation of the house is exceptionally fine, on a bluff a few rods from the lake, with a view of the coast line of over thirty miles and a broad and attractive inland view. It is a profitable fruit section. The patients practically live out of doors in pleasant weather, and receive such marked benefit, both physically and mentally, that we urge upon your attention our request for an appropriation for the improvement of its facilities. The patients' apartments are in need of enlargement and rebuilding, so as to accommodate at

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

least thirty patients comfortably, and provide dining-room facilities for outing parties from the hospital. It is important that the summer home at the lake side be made more comfortable. Cost, \$7,500.

In the enlargement of the hospital the dispensary for drugs and chemicals is left in a small room (10 x 12 feet), in the old building, between two of the wards for women patients on the north side of Elmwood avenue, and far from the infirmary and reception wards where the drugs are mostly used. A plan for drug-rooms has been made by the State Architect's office in connection with the corridor from the reception to the infirmary wards. Cost, \$5,700.

To carry on the scientific work there is needed a suitable place for dead bodies and for autopsies. The adjoining Alms-house formerly allowed us to use their mortuary, but this is no longer possible. When relatives wish to see the remains the hospital is in disgrace. The proximity of a dead body is also particularly distressing to the insane; and the physicians find themselves hampered and embarrassed in their work by the need of a suitable mortuary with facilities for autopsies. The erection and equipment of a mortuary should be completed during the coming year. Cost, \$7,000.

The population of the hospital having been doubled, the room formerly used for entertainments is too small. It can be used as a day-room for fifty patients; it is, therefore, recommended that an ample amusement hall be built, accessible to all the wards. Cost, \$25,000.

There should be an industrial building for the employment of patients at tailoring, shoemaking, harness repairing and the like. At present these shops are in the basement of the Women's building, and are poorly lighted and ventilated. Shops for State Hospital industries are a necessity and they should be well lighted and ventilated as well as attractive. The basements of the new buildings are impossible for this purpose, being dark, damp and honeycombed at various heights with steam and water pipes. A building should be erected to provide shops for the trades and industries of men patients. Cost, \$8,000.

Sun-rooms should be built at the east of the long, dark wards in the north wing of the Women's building. Cost, \$5,800.

The piazzas on the south side of the Isolation cottage should be extended, a roof built for the second floor and both stories

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

enclosed in glass. The cases of contagious diseases need the sunlight and additional space. Cost, \$4,500.

The products of the garden could be materially increased by a suitable propagating house with hot frames. The gardener assures the management that he would get much earlier results, thus prolonging the season. Cost, \$1,300.

The disposal of the sewage from the buildings located on the lower ground than the main sewer is a question of importance, as the present outlet streams cross adjacent property, and the course of one of them is too near the source of the hospital water supply to avoid censure in the event of an epidemic of contagious disease. The engineer in the State Architect's office has plans for remedying this condition.

A steam line should be installed from the boiler-house to the carpenter shop and soap factory. The present plan of operating a separate boiler plant is costly and no longer necessary, since the new boiler-house has sufficient capacity and is situated near these buildings.

The barns at the Lake farm are dilapidated and insufficient to afford proper protection for the farm products and stock. New ones should be built, using the old material so far as possible. Cost, \$2,500.

The stove should be removed from the wash-room in the stable, which is near the boiler-house, and the steam and hot-water lines installed for safety from fire and economy of maintenance. Cost, \$500.

The construction of a green-house, which will enable all the wards to have a supply of plants and flowers, is much desired. Cost, \$3,000.

The ice-making tank should be repaired and placed on the level of the ground floor north of the store, leaving the large refrigerator-room where it now is for cold storage of produce, thereby effecting considerable saving. Cost, \$1,200.

The rough-plastered walls in the new buildings give the wards a gloomy and unhomelike aspect, and make lodgment for germs and dust. It is recommended that these walls be painted. The appropriation of last year of \$2,450 for this purpose only sufficed for material for the contagious and reception wards. Cost, \$8,500.

The outside wood and metal work of the Hospital buildings should be repainted to prevent rust and decay. Cost, \$7,500.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Mill construction has left the ceilings of the new wards in a bad condition, being noisy, untidy and unsightly. Steel lath, with plaster between the heavy timbers, would modify the noise, improve the appearance, and, when painted, could be washed.

The old steam dryers in the receiving-room of the laundry should be removed and replaced by modern and effective dryers in the drying-room. Cost, \$1,886.

There are serious defects in the arrangements for men patients, in that the infirmary ward is now on the second floor of a Women's building. The tubercular patients have no separate apartments from the pavilion for acute contagious diseases, and the most disturbed men's ward is poorly constructed and not on the ground floor. South of the present building should be erected accommodations for 250 men patients, consisting of an infirmary, a tubercular pavilion, a cottage for the most disturbed, to the east, and a cottage for the convalescents, to the west; the boiler-house, electric plant and kitchen being ample therefor. Cost, \$137,500.

We desire to call attention to the fact that the farm and garden is too small for the population of the hospital, and recommend, for the purchase of additional land, an appropriation of \$30,000.

It is urged that the leaky and odorous cement floors in the water closets, lavatories and kitchens of the new buildings be replaced with vitreous tile. The appropriation of last year of \$2,500 for this purpose only sufficed for material for the bath-rooms. Cost, \$5,000.

These repairs and improvements have been carefully considered. For convenience of reference, they are tabulated as follows:

Construction and equipment of a dispensary and chemical laboratory, with rooms for storage of chemicals and the manufacturing of drugs....	\$5,700 00
Propagating house, 1,700 square feet, with hot frames	1,300 00
Changes in refrigerator plant.....	1,200 00
Tile floors for lavatories and kitchens.....	5,000 00
Painting interior walls of new buildings.....	8,500 00
Verandas and sun rooms for the Isolation cottage..	4,500 00
Laundry dryers	1,885 00
Painting outside wood and metal work.....	7,500 0
Improvement of patients' apartments at Lake Farm,	7,500 00
Mortuary and autopsy room.....	7,000 00

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Steam line to shops and stable (Architect).....	.....
Deafening ceilings in new buildings (Architect)..	.....
Building for industries	\$8,000 00
Greenhouse	3,000 00
Sun-rooms for the Women's building.....	5,800 00
Amusement hall	25,000 00
For sewage disposal (Architect).....	.....
Additional land	30,000 00
Barns at the Lake farm.....	2,500 00
Buildings for 250 patients.....	137,500 00

The general management of the hospital has been worthy of confidence.

We appreciate the interest at all times manifested by the State Commission in Lunacy and the other State Officers for the welfare of the institution.

Respectfully submitted,

GEO. RAINES
JANE E. ROCHESTER
THOMAS A. O'HARE
WM. MILLER
LILLIE WERNER
G. H. SMITH

Board of Managers

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE SUPERINTENDENT

To the Board of Managers:

The Superintendent of the Rochester State Hospital has the honor to submit the Seventeenth annual report of this institution for the year ending September 30, 1907.

The movement of the population, the recovery and death rates have been as follows:

	Men	Women	Total
Remaining October 1, 1906.....	483	782	1265
Admitted during year ending September 30, 1907.....	174	163	337
On original commitments:			
From residences	138	130	268
By transfers from County houses	5	3	8
By transfers from other institutions for insane	31	30	61
Total number under treatment during year	657	945	1602
Daily average population.....	507.08	790.02	1297.4
Capacity of institution.....	500	805	1305
Discharged during year:			
As recovered	29	38	67
As improved	43	34	77
As unimproved	10	6	16
As not insane (inebriate).....	1	....	1
Died	56	61	117
Whole number discharged during year	139	139	278
Remaining October 1, 1907.....	518	806	1324

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

The statistical tables show that among the causes assigned for the insanity of 337 admissions, bodily disorders and ill-health were accountable for 122, while the mental conditions, including worry, excitement and shock, were operative in 19 cases. Of these 19 cases assigned to moral causes, 7 were due to mental worry and overwork, while four cases were due to adverse conditions. Among the 122 cases assigned to physical causes, 34 were due to alcoholism and drug habituation and 11 to acquired syphilis. Of the 337 admissions, 34 cases were due to what are considered preventable causes.

Of the 278 cases discharged during the year, 67 were recovered cases, 77 had so far improved as to enable them to live comfortably at home, 16 were unimproved and removed against our advice, and 117 died.

It is interesting to note that of the 67 cases which recovered during the year, 55 had been insane only one year or less prior to their admission, and that 55 were under treatment at the hospital for a period of less than one year. The average age of the 117 who died was 55 years, with an average duration of insanity of 6 years and with an average hospital residence of nearly 4 years.

An hereditary tendency of insanity was found to exist in 30 of the 337 cases admitted during the year; paternal branch in 7, maternal branch in 13, and collateral branches in 10, while there existed no discoverable hereditary tendency in 272, and in 35 cases the facts could not be ascertained.

The diagnosis of admissions, exclusive of the 50 patients received by transfer, are:

(A) *Disorders etiologically characterized:*

(1) Psychoses with a nervous disease or nervous complex or tangible brain disease.....	17
(2) Senile psychoses	40
(3) General paralysis	21
(4) Huntington's chorea with dementia.....	3

Psychoses of intoxications:

(1) Alcoholic psychoses	34
(2) Drug psychoses	4

Autotoxic, infective or exhaustive disorders..... 13

(B) *Symptomatic-prognostic groups with complex etiology:*

(1) Conditions akin to the exhaustive-infectious types (non-differentiated deliria and confusion states)	3
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ROCHESTER STATE HOSPITAL — ANNUAL REPORT

(2) Depressions not belonging to other specific groups,	20
Symptomatic depressions	1
Depressive hallucinoses	2
Agitated depressions or anxiety-psychoses (largely of the involutional period)...	17
(3) Essential deterioration or dementia praecox....	45
Simple forms	7
Hebephrenic forms	18
Catatonic forms	3
Paranoid forms	17
(3a) Conditions akin to the deterioration types, symp- tomatically or etiologically, or both.....	2
(4) Paranoid conditions	17
(5) Manic-depressive psychoses	22
Manic attacks	18
Depressive attacks	3
Mixed states	1
(5a) Conditions akin to manic-depressive psychoses..	16
Manic	6
Depressive	10
(C) <i>Psychoses belonging to definite neuroses or make-up:</i>	
Psychasthenic insanity	4
Epileptic insanity	11
Hysterical insanity	4
Constitutional inferiority and abnormal make- up with or without outbreaks.....	5
Imbecility	10
Imbecility of traumatic origin .....	....
Undetermined	34
Total	325

During the year there have been twenty-five major operations. Also on the psychopathic ward there have been 776 treatments, including gynecological and minor operations.

Forty-four patients have been examined by the ophthalmologist, and sixty-six have been under the treatment of a dentist.

During the year ten attendants and three patients had diphtheria. There have been two cases of erysipelas, twenty-two cases

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

of tuberculosis, and two cases of typhoid fever. One patient committed suicide by hanging herself to the window guard, and another patient eloped and threw himself into the river.

Dr. Veeder, a staff physician, suffered from an infected wound, having received the infection while performing an autopsy at the Pathological Institute in New York city.

Regular staff meetings have been held twice weekly during the year.

The Training School for Nurses consisted of forty-two students. Eighteen members of the senior class graduated. The curriculum has been revised, and the schedule, recently adopted by the superintendents, has been followed throughout the year.

Thirteen autopsies have been performed. Facilities for performing autopsies are very inadequate. A small room opening off a water section and in close proximity with a ward is the least objectionable place available for this purpose.

The general administration of the hospital has been directed and controlled in accordance with the advice of the State Commission in Lunacy and the Board of Managers subject to the statutory provisions, and by keeping in mind that the hospital has the two-fold duty of restoring the insane to health, if possible, and of providing a place of refuge, an asylum, for those whose nervous organizations are inadequate to meet the stress of civilization.

As required by law, the articles manufactured by the State prisons have been purchased at the prices fixed by the board of classification. Other supplies have been obtained by joint purchase with the other hospitals when it was found practicable to do so, and have been purchased from the lowest bidders.

The dietary has been based upon the standard ration allowances, and has been ample and varied. The clothing has been furnished in small part by the relatives of patients, and the balance has been made in the hospital by the industry of patients under the guidance and with the assistance of the regular employes.

During the year much work has been done in connection with the care and repair of the buildings and furniture. The old north wing has been refitted with new heating and lighting systems and repainted.

The grading of the new grounds and the regular farm and garden work has supplied employment for the men patients during pleasant weather.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

New equipment has been furnished in the hydrotheraphy department of the Reception buildings, and some minor additions have been made to the laboratory.

The prevailing conditions of prosperity and high wages has occasioned frequent changes among the employes, which has tended to lower somewhat the standard of service. The older employes, who have been tried and found to be efficient and faithful, deserve special commendation and recompense.

The needs of the hospital, as outlined in the manager's report, are largely the outcome of the recent enlargement of the hospital, and are perforce necessary to carry on its work successfully.

The retirement of Dr. Edward L. Hanes from the staff to undertake the management of a private hospital is occasion for regret, and his loss is felt in all departments of the hospital but particularly in the psychopathic wards, where his specialized training and rare good judgment were of great value to acute cases.

The hospital has benefited by repeated visits of the State Commission in Lunacy and its Medical Inspector, also the Architect and his assistants. Frequent visits have been made by the Board of Managers and the Representatives of the State Charities Aid Association. Our thanks are due to them all for kindly advice and assistance.

Respectfully submitted

EUGENE H. HOWARD

Superintendent

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

REPORT OF STEWARD AND TREASURER

Giving tables showing the financial operations of the hospital and the work of the various departments.

FINANCIAL STATEMENT

October 1, 1906, to September 30, 1907

Receipts

Balance, October 1, 1906:

Salaries	\$67 41
Wages	166 94
Supplies	1,093 81
Manufacturing Department	5,841 04
From Comptroller for salaries	15,897 44
From Comptroller for wages	86,942 66
From Comptroller for supplies	152,056 95
From reimbursing patients	15,517 07
From private patients	1,749 54
From Steward's sales	353 61
From uniform material sales	57 38
Refunds — wages unclaimed	22 38
Refunds — supplies account	8 00
From Comptroller — special funds	24,294 11
From Manufacturing Department receipts	20,527 37
Total receipts	<u>\$324,595 71</u>

Disbursements

For salaries	\$15,964 85
For wages	87,131 98
For provisions and stores	87,891 41
For ordinary repairs	4,696 80
For farm and grounds	6,531 26
For clothing	10,388 74
For furniture and bedding	5,335 65

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

For stationery supplies	\$2,538 79
For fuel and light	23,639 79
For medical supplies	2,145 29
For miscellaneous expenses	7,669 41
For transportation of patients	382 73
For manufacturing (maintenance account).....	1,952 22
For uniform materials	44 05
Extraordinary improvements, chapter 702, Laws 1905	16,372 56
Extraordinary improvements, chapter 686, Laws 1906	6,602 62
Extraordinary improvements, chapter 564, Laws 1907	1,075 98
Extraordinary improvements, chapter 578, Laws 1907	242 95
Manufacturing (manufacturing fund)	22,134 00
Remitted State Treasurer, chapter 580, Laws 1899,	17,620 22
Remitted State Treasurer, chapter 561, Laws 1907,	4,234 41
Total disbursements	\$324,595 71
Balance September 30, 1907.....	.00

(Signed)

CARROLL F. SMITH

Treasurer State Hospitals

Tabulated statement as to construction work, etc., done during the year:

Under Chapter 702, Laws 1905

Electric lights on grounds.....	\$226 46
Walks and drives	1,169 14
Plumbing in old buildings	1,927 31
Renovation of old North buildings.....	8,729 18
Extraordinary improvements	2,299 65
Cold storage	37 34
Accessories for new buildings	1,497 48
Furniture, employes	111 00
Fence around farm garden	375 00
\$16,372 56	

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Under Chapter 686, Laws 1906

Fly screens for kitchen, dining-rooms, etc.....	\$225 78
Extraordinary improvements	3,747 79
Additional furniture	958 10
Mach. for carpenter shop	580 00
Trees, plants and shrubs.....	142 42
Electric motors	948 53
	\$6,602 62

Under Chapter 578, Laws 1907

Renovation of old North building.....	\$231 45
Premium on Assistant Treasurer's bond.....	11 50
	\$242 95

Under Chapter 564, Laws 1907

Extraordinary improvements	\$94 50
Cement and tile floors	557 43
Moving farm-house	424 05
	\$1,075 98

FARM

Credit

Apples, 1,250 bushels, at 50 cents.....	\$625 00
Alfalfa, 18 tons, at \$5.00.....	90 00
Cherries, 450 quarts, at 6 cents.....	27 00
Carrots, 160 bushels, at 30 cents.....	48 00
Clover, green, 37 tons, at \$2.50.....	92 50
Corn in ear, 455 bushels, at 50 cents.....	227 50
Eggs, 437 dozen, at 20 cents.....	87 40
Ensilage, 71 tons, at \$3.50.....	248 50
Fowl, 332 pounds, at 15 cents.....	49 80
Green fodder, 33½ tons, at \$3.00.....	100 50
Hay, 77 tons, at \$12.00.....	924 00
Mangel wurzels, 1,646 bushels, at 20 cents.....	329 20

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Milk, 82,932 quarts, at 3 $\frac{1}{4}$ cents.....	\$2,695 29
Oats and peas, 40 tons, at \$3.00.....	120 00
Plums, 30 bushels, at 75 cents.....	22 50
Potatoes, 283 bushels, at 50 cents.....	141 50
Raspberries, red, 45 quarts, at 8 cents.....	3 60
Rye, green, 13 tons, at \$3.00.....	39 00
Raspberries, black, 35 quarts, at 6 cents.....	2 10
Straw, 4 tons, at \$13.50.....	54 00
Total	<u><u>\$5,927 39</u></u>

GARDEN

Credit

Beets, 655 bushels, at 30 cents.....	\$196 50
Beets, green, 120 bushels, at 25 cents.....	30 00
Corn, 28,044 ears, at 75 cents per 100.....	210 33
Celery, 11,091 bunches, at 3 cents.....	332 73
Cabbage, 62,600 pounds, at 50 cents per 100.....	313 00
Carrots, 378 bushels, at 30 cents.....	113 40
Cucumbers, 46 bushels, at 50 cents.....	23 00
Horseradish, 29 bushels, at 50 cents.....	14 50
Lettuce, 298 bushels, at 40 cents.....	119 20
Onions, 571 bushels, at 60 cents.....	342 60
Onions, green, 2,562 bunches, at 2 cents.....	51 24
Parsnips, 392 bushels, at 40 cents.....	156 80
Peas, 64 bushels, at 75 cents.....	48 00
Salsify, 18 bushels, at 50 cents.....	9 00
Radishes, 275 bushels, at 75 cents.....	206 25
Rhubarb, 775 bunches, at 5 cents.....	38 75
String beans, 150 bushels, at 50 cents.....	75 00
Squash, 21,000 pounds, at \$1 per 100.....	210 00
Turnips, 864 bushels, at 25 cents.....	216 00
Tomatoes, 194 bushels, at 40 cents.....	77 60
Tomatoes, green, 12 bushels, at 25 cents.....	3 00
Total	<u><u>\$2,786 90</u></u>

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

SUMMARY

FARM AND GARDEN

Debits

Amount charged farm and garden.....	\$3,752 05
Amount of farm wages.....	4,573 93
Value of products consumed by farm animals, etc..	1,697 16
Decrease inventory under last year.....	63 97
Net profit to balance.....	1,277 18
	\$11,364 29

Credits

Total garden products.....	\$2,786 90
Total farm products.....	5,927 39
Credit for teams drawing coal and grading.....	2,650 00
	\$11,364 29

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	483	782	1,265
Admitted during year ending September 30, 1907.....	174	163	337
On original commitments:			
From residences.....	138	130	268
By transfers from county houses.....	5	3	8
By transfers from other institutions for the insane.....	31	30	61
Total number under treatment during the year.....	657	945	1,602
Daily average population.....	497.83	784.83	1,282.7
Capacity of the institution.....	500	805	1,305
Discharged during the year:			
As recovered.....	29	38	67
As improved.....	43	34	77
As unimproved.....	10	6	16
As not insane (inebriate).....	1	.....	1
Died.....	56	61	117
Whole number discharged during year..	139	139	278
Remaining October 1, 1907.....	518	806	1,324

TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening.....	1891
Total acreage of grounds and buildings.....	216.75
Value of real estate, including buildings.....	\$626,076 24
Value of personal property.....	51,424 93
Acreage under cultivation.....	140.02

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (*Continued*)

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	
From State treasury for maintenance on estimates 1 to 12, inclusive.....	
From private patients.....	1,749 54
From reimbursing patients.....	15,517 07
From other sources	441 37
Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$24,294 11
Total receipts from manufacturing fund.....	20,527 37

Disbursements during year for maintenance:

Estimate No. 1.	For officers' salaries.....	\$15,964 85
Estimate No. 2.	For wages	87,131 98
Estimate No. 3.	For provisions and stores.....	87,891 41
Estimate No. 4.	For ordinary repairs.....	4,696 80
Estimate No. 5.	For farm and grounds.....	6,531 26
Estimate No. 6.	For clothing of patients.....	10,388 74
Estimate No. 7.	For furniture and bedding...	5,335 65
Estimate No. 8.	For books and stationery.....	2,538 79
Estimate No. 9.	For fuel and light.....	23,639 79
Estimate No. 10.	For medical supplies.....	2,145 29
Estimate No. 11.	For miscellaneous expenses...	7,669 41
Estimate No. 12.	For transportation	382 73

Total disbursements, estimates 1 to 12, in- clusive	\$254,316 70
Mfg. estimate No. 6.....	44 05
Mfg. estimate No. 13.....	1,952 22
Total disbursements	\$256,312 97

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$24,294 11
Total disbursements during year, manufacturing fund	22,134 00
Manufacturing fund, to State Treasurer.....	\$19 00
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3.824
Maximum rate of wages paid attendants:	
Men	\$40 00
Women	34 00
Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 10
Proportion of night attendants to average daily population	1 to 50
Percentage of daily patient population engaged in some kind of useful occupation.....	62.5
Estimated value of farm and garden products during year	\$17,092 51
Estimated value of articles made or manufactured by patients during year.....	15,789 21

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPO- SITION		
	Men	Women	Total	Men	Women	Total
Moral:						
Adverse conditions (such as loss of friends, business troubles, etc.).....	1	3	4			
Mental strain, worry and overwork (not in- cluded in above).....	1	6	7		1	1
Religious excitement....		1	1			
Physical:						
Intemperance.....	18	9	27	1	2	3
Venereal diseases.....	7	4	11			
Sunstroke.....	1		1			
Accident or injury.....	2		2			
Parturition and puer- perium.....		1	1			
Privation and over- work.....		3	3			
Epilepsy.....	8	1	9	1		1
Diseases of the skull and brain.....	2	21	23		3	3
Old age.....	9	7	16			
Abuse of drugs.....	4	3	7			
All other bodily disor- ders and ill health....	9	13	22	1	1	2
Heredity.....	12	16	28	12	16	28
Congenital defect.....	5		5			
Unascertained.....	94	75	169	1	3	4
Not insane.....	1		1			
Total.....	174	163	337	15	26	41

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic Insanity.....	42	13	1	75	20	4
General paralysis.....	20	.....	15	62	1	46
Senile insanity.....	39	.....	43	133	1	121
Epilepsy with insanity....	14	2	3	42	4	18
Imbecility, idiocy with in- sanity.....	10	2	.....	24	4	1
Other psychoses.....	211	50	55	590	162	132
*Not insane.....	1	.....	.....	1	.....	.....
Total.....	337	67	117	927	192	322

*Includes cases of alcoholism, drug habit, etc.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6
Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total		Men	Women	Total	
Under one month.....	12	14	26	2	122	152	274	23
One to three months.....	8	8	16	17	86	105	191	111
Three to six months.....	1	9	10	23	26	62	88	91
Six to nine months.....	1	2	3	8	20	47	67	44
Nine months to one year.....				5	3	13	16	12
One year to eighteen months..	1	1	2	5	18	25	43	17
Eighteen months to two years..		1	1	1	3	10	13	5
Two to three years.....		2	2	3	12	15	27	4
Three to four years.....				1	2	11	13	3
Four to five years.....	2	1	3	1	7	5	12	2
Five to ten years.....	1		1	1	8	9	17	2
Ten to twenty years.....	1		1		3	5	8	1
*Not insane.....	1		1	1	1		1	1
Unascertained.....	1		1		5	2	7	
Total.....	29	38	67	67	316	461	777	316
								461
								777

* Includes cases of alcoholism, opium habit, etc.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....				2		2
Influenza.....				2	5	7
Cerebro-spinal menin- gitis.....				1		1
Erysipelas.....	1		1	3	1	4
Septicemia and pyemia..	2		2	4	4	8
Dysentery.....					2	2
Tuberculosis.....	9	3	12	49	41	90
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus....				1		1
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....				2	2	4
Diseases of the stomach.....		1	1	2	3	5
Diseases of the intes- tines.....	1	9	10	18	62	80
Diseases of the liver....				2	3	5
Diseases of the pan- creas.....				1		1
Diseases of the peri- toneum.....				2	1	3
Appendicitis.....					1	1
Diseases of the respiratory system:						
Diseases of the bronchi..	1	2	3	3	29	32
Diseases of the lungs...	4	2	6	33	29	62
Diseases of the pleura...					1	1
Diseases of the circulatory system:						
Diseases of the peri- cardium.....				1		1
Diseases of the heart...	7	4	11	27	27	54
Arterio-sclerosis.....	1		1	13	3	16

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Exophthalmic goitre....					1	1
Diseases of the genito-urinary system.....	2	1	3	9	8	17
Diseases of the nervous system:						
Diseases of the nerves....				1	1	2
Diseases of the spinal cord.....				4		4
Diseases of the meninges.....				9	3	12
Organic diseases of the brain (tumor, abscess embolism, thrombosis, hemorrhage and other gross lesions)...	3	6	9	49	52	101
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....				2	1	3
Epilepsy.....	2	2	4	33	21	54
Mental diseases:						
Exhaustion of acute mental disease.....	8	17	25	75	107	182
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	10	4	14	154	30	184
Debility of old age.....		1	1	58	83	141
Accident.....				1	5	6
Suicide.....		2	2	6	9	15
Surgical and gynecological diseases and diseases of the skin.....	4	3	7	7	6	13
Malignant new growths or cancer.....	1	4	5	5	16	21
Total.....	56	61	117	579	557	1,136

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	1	6	7	129	157	286
Maternal branch.....	3	10	13	112	233	345
Paternal and maternal branches.....				17	12	29
Collateral branches.....	4	6	10	203	237	440
No hereditary tendency...	151	121	272	1,047	1,186	2,233
Unascertained.....	15	20	35	460	431	891
Total.....	174	163	337	1,968	2,256	4,224

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	82	64	146	962	883	1,845
Married.....	63	59	122	785	936	1,721
Widowed.....	20	28	48	185	404	589
Divorced.....	2	1	3	18	16	34
Unascertained.....	7	11	18	18	17	35
Total.....	174	163	337	1,968	2,256	4,224

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	4	.....	4	38	9	47
Academic.....	14	17	31	98	159	257
Common school.....	94	96	190	1,469	1,538	3,007
Read and write.....	21	4	25	123	114	237
Read only.....	3	2	5	59	133	192
No education.....	4	4	8	87	162	249
Unascertained.....	34	40	74	94	141	235
Total.....	174	163	337	1,968	2,256	4,224

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	DURATION PREVIOUS TO ADMISSION			DURATION PREVIOUS TO ADMISSION		
	Men	Women	Total	Men	Women	Total
Under one month.....	8	11	19	63	57	120
One to three months.....	6	3	9	67	52	119
Three to six months.....	5	3	8	42	31	73
Six to nine months.....	4	3	7	45	32	77
Nine months to one year.....	1	1	2	13	11	24
One year to eighteen months...	9	5	14	77	67	144
Eighteen months to two years..	1	.....	1	11	12	23
Two to three years.....	4	4	8	67	62	129
Three to four years.....	3	5	8	34	30	64
Four to six years.....	5	3	8	49	44	93
Six to ten years.....	1	4	5	32	46	78
Ten to twenty years.....	.....	2	2	32	46	78
Twenty years and over.....	1	1	2	16	20	36
Unascertained.....	8	16	24	31	47	78
Total.....	56	61	117	579	557	1,136
Average duration of insane life (years and tenths)..	4.2	6.9	5.6	.....	.....	.....
				5.2	7.7	6.4

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Miscellaneous				2		2
From 10 to 15 years.....				3	2	5
From 15 to 20 years.....	5	3	8	69	48	117
From 20 to 25 years.....	19	12	31	176	161	337
From 25 to 30 years.....	19	12	31	225	204	429
From 30 to 35 years.....	19	16	35	255	264	519
From 35 to 40 years.....	19	16	35	235	273	508
From 40 to 50 years.....	37	41	78	416	484	900
From 50 to 60 years.....	21	32	53	267	352	619
From 60 to 70 years.....	17	16	33	177	250	427
From 70 to 80 years.....	10	11	21	98	159	257
From 80 to 90 years.....	6	4	10	42	58	100
From 90 years or over....	2		2	3	1	4
Total.....	174	163	337	1,968	2,256	4,224

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....		2	2	21	18	39
From 20 to 30 years.....	8	7	15	83	135	218
From 30 to 40 years.....	9	13	22	83	143	226
From 40 to 50 years.....	8	8	16	84	94	178
From 50 to 60 years.....	2	7	9	28	55	83
From 60 to 70 years.....	2	1	3	17	14	31
From 70 to 80 years.....					2	2
Total.....	29	38	67	316	461	777

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years.....	2	.....	2	6	1	7
From 20 to 25 years.....	2	.....	2	14	11	25
From 25 to 30 years.....	1	1	2	27	26	53
From 30 to 35 years.....	6	3	9	42	25	67
From 35 to 40 years.....	3	1	4	56	45	101
From 40 to 50 years.....	4	15	19	111	85	196
From 50 to 60 years.....	13	14	27	111	88	199
From 60 to 70 years.....	9	9	18	90	106	196
From 70 to 80 years.....	8	8	16	85	106	191
From 80 to 90 years.....	7	10	17	36	60	96
Over 90 years.....	1	.....	1	1	4	5
Total.....	56	61	117	579	557	1,136

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	20	20	40
One to three months.....	17	9	26
Three to six months.....	5	17	22
Six to nine months.....	3	10	13
Nine months to one year.....	1	2	3
One year to eighteen months.....	8	11	19
Eighteen months to two years.....	1	1	2
Two to three years.....	4	7	11
Three to four years.....	5	7	12
Four to five years.....	4	5	9
Five to ten years.....	8	10	18
Ten to fifteen years.....	2	7	9
Fifteen to twenty years.....		1	1
Twenty to thirty years.....	1	3	4
Thirty years and upwards.....		1	1
*Not insane.....	1		1
Unascertained.....	94	52	146
Total.....	174	163	337

*Includes cases of alcoholism, morphia, habit, etc.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	21	19	40
One to three months.....	22	31	53
Three to six months.....	32	34	66
Six to nine months.....	26	23	49
Nine months to one year.....	16	17	33
One year to eighteen months.....	41	80	121
Eighteen months to two years.....	12	16	28
Two to three years.....	52	79	131
Three to four years.....	28	47	75
Four to five years.....	28	38	66
Five to ten years.....	88	163	251
Ten to fifteen years.....	63	92	155
Fifteen to twenty years.....	48	71	119
Twenty to thirty years.....	33	58	91
Thirty years and upwards.....	8	38	46
Total.....	518	806	1,324

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, sur- veyors, etc.....	7	.....	7	84	6	90
Commercial:						
Bankers, merchants, ac- countants, clerks, salesmen, shopkeep- ers, shopmen, stenog- raphers, typewriters, etc.....	27	.....	27	214	4	218
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	25	.....	25	361	2	363
Mechanics at outdoor vo- cations:						
Blacksmiths, carpenters, engine-fitters, saw- yers, painters, police, etc.....	33	.....	33	346	.....	346
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, weavers, tailors, bak- ers, etc.....	15	.....	15	265	5	270
Domestic service:						
Waiters, cooks, ser- vants, etc.....	5	41	46	52	618	670
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....		80	80	8	1,283	1,291

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Table No. 17—(Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales- women, stenogra- phers, typewriters, etc.....		4	4	51	59	110
Employed in sedentary oc- cupations:						
Tailoresses, seam- stresses, bookbinders, factory workers, etc..	9	15	24	13	150	163
Miners, seamen, etc.....	2	.....	2	6	.....	6
Prostitutes.....	32	.....	32	.....	2	2
Laborers.....	5	6	11	96	89	185
No occupation.....	14	17	31	33	38	71
Unascertained.....						
Total.....	174	163	337	1,968	2,256	4,224

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arabia.....				2		2
Armenia.....				1		1
Austria.....				4	9	13
Bavaria.....				1		1
Belgium.....				2		2
Canada.....	6	7	13	93	111	204
China.....	1		1	1		1
Cuba.....				1		1
Denmark.....		1	1		1	1
England.....	10	4	14	87	93	180
France.....				7	7	14
Germany.....	18	10	28	219	240	459
Holland.....	1		1	14	18	32
Hungary.....	1	2	3	4	6	10
Ireland.....	7	21	28	134	318	452
Italy.....	6	1	7	30	20	50
Norway.....				1	4	5
Nova Scotia.....					1	1
Poland.....		1	1	12	13	25
Prussia.....				2	3	5
Roumania.....					1	1
Russia.....	4	2	6	31	32	63
Scotland.....	1	2	3	11	18	29
Sweden.....	1		1	9	14	23
Switzerland.....		2	2	8	9	17
United States.....	116	109	225	1,266	1,319	2,585
Wales.....				1	2	3
West Indies.....				3		3
Unascertained.....	2	1	3	24	17	41
Total.....	174	163	337	1,968	2,256	4,224

Of the total number admitted since the 1st of October, 1888, the parents of 52.28 per cent were both of foreign birth.

In 4.49 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.53 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....	1		1
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....	1		1
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	21		21
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	1		1
Lewis.....			
Livingston.....	26	1	27
Madison.....			
Monroe.....	198	4	202
Montgomery.....			
Nassau.....			
New York.....	51		51
Niagara.....			
Oneida.....	1		1
Onondaga.....	1		1
Ontario.....	4		4
Orange.....			
Orleans.....	15		15
Oswego.....			
Otsego.....			
Putnam.....			

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Queens	1		1
Rensselaer			
Richmond			
Rockland			
St. Lawrence			
Saratoga			
Scheneectady			
Schoharie			
Schuyler			
Seneca	1		1
Steuben	3		3
Suffolk			
Sullivan			
Tioga			
Tompkins			
Ulster			
Warren			
Washington			
Wayne	7		7
Westchester			
Wyoming			
Yates			
Soldiers' Home			
Total	332	5	337

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....		1	1			
Allegany.....	1		1			
Broome.....		1	1			
Cattaraugus.....		2	2			
Cayuga.....		2	2			
Chautauqua.....						
Chemung.....						
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....		1	1			
Dutchess.....						
Erie.....	2	2	4			
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....	33	26	59			
Greene.....						
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	4	123	127			
Lewis.....						
Livingston.....	32	40	72			
Madison.....						
Monroe.....	343	463	806	2	2	4
Montgomery.....						
New York.....	65	107	172	1		1
Niagara.....						
Oneida.....	1	3	4			
Onondaga.....						
Ontario.....	2	4	6			
Orange.....						
Orleans.....	22	15	37			
Oswego.....						
Otsego.....						

ROCHESTER STATE HOSPITAL — ANNUAL REPORT

Table No. 20—(Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Putnam.....						
Queens.....	2	1	3			
Rensselaer.....						
Richmond.....						
Rockland.....						
St. Lawrence.....						
Saratoga.....						
Schenectady.....						
Schoharie.....						
Schuyler.....						
Seneca.....		1	1			
Steuben.....		2	2			
Suffolk.....		2	2			
Sullivan.....						
Tioga.....	1		1			
Tompkins.....						
Ulster.....						
Warren.....						
Washington.....	1		1			
Wayne.....	4	8	12			
Westchester.....						
Wyoming.....	2		2			
Yates.....						
Unascertained.....						
Total.....	515	804	1,319	3	2	5

TWELFTH ANNUAL REPORT
OF THE
LONG ISLAND STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907.

BOARD OF MANAGERS

ALEXANDER E. ORR, *President.*

REV. WILLIAM J. WHITE, *Secretary.*

J. EDWARD SWANSTROM.

JAMES McMAHON.

MRS. JOHN H. BURTIS.

HUGO HIRSH.

Vacancy

NON-RESIDENT MEDICAL OFFICERS—CONSULTING STAFF

FREDERICK PETERSON, M. D.

WILLIAM BROWNING, M. D.

GEORGE MACNAUGHTON, M. D.

ALGERNON T. BRISTOW, M. D.

CALVIN S. BARBER, M. D.

HENRY A. FAIRBAIRN, M. D.

WILLIAM MADDREN, M. D.

JAMES M. WINFIELD, M. D.

JAMES C. HANCOCK, M. D.

JOSIAH M. VAN COTT, M. D.

WARREN S. SHATTUCK, JR., M. D.

JOHN L. MACUMBER, M. D.

RESIDENT OFFICERS

OLIVER M. DEWING.....Medical Superintendent

IRA O. TRACEY, M. D.....First Assistant Physician

PAUL G. TADDIKEN, M. D.....Second Assistant Physician

JOSEPH SMITH, M. D.....Junior Physician

ANNA M. AGNEW, M. D.....Woman Physician

WILLIAM L. BUCK.....Resident Steward

FRANCES W. THOMSON.....Matron

REPORT OF THE SUPERINTENDENT

*To the Board of Managers of the Long Island State Hospital,
Brooklyn, N. Y.:*

LADIES AND GENTLEMEN.—I respectfully submit the annual report of the Long Island State Hospital for the fiscal year ending September 30, 1907.

On October 1, 1906, the number of patients was 1,105, of whom 350 were men and 755 were women.

The number admitted during the year was 126 men, 157 women, total 283. Of these, nine came directly from their homes; 234 were committed from the receiving pavilion of the Kings County Hospital and forty were transferred from other institutions for the insane. No cases were received directly from almshouses, but it is understood that a number of the cases coming from the receiving ward of the Kings County Hospital were cases which had been sent there from the Kings County Almshouse. Of the total number of original commitments seventeen were committed under the emergency provision of the Insanity Law. The whole number discharged during the year was 672, as follows: 30 men and 57 women recovered; 29 men and 34 women improved; 60 men and 364 women unimproved; 1 woman not insane; 43 men and 54 women died. The number remaining at the close of the year was 314 men and 402 women, a total of 716. The whole number under treatment during the year was 1,388.

Of the total number admitted 240 came from the Borough of Brooklyn, 3 from other parts of Long Island, and 40 were transferred from other hospitals.

Of the total admissions for the year, 21.90 per cent were of foreign birth.

Of the total number of admissions 17 patients have been deported to foreign countries and to other States.

Of the total number of discharges reported above, 433 were transfers to other State hospitals. Of this number 416 were transferred as unimproved and 17 as improved.

Not taking into account transfers from or to other State hospitals, the recovery rate, based on the number admitted, is 35.80 per cent.

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

Most of our new admissions are committed from the receiving pavilion of the Kings County Hospital, and many of these admissions are of an unfavorable character for the reason that we receive such cases as owing to their mental and physical condition are improper cases for removal to Kings Park.

There have been no fatal accidents during the past year. I regret to report that there have been fourteen cases of typhoid fever. These cases developed between September ninth and September thirtieth. It will no doubt be recalled by the Board that for several years some cases of typhoid have developed at this period of the year. Every possible source of infection has been looked for and investigated. The water supplied by the Flatbush water works from deep artesian wells is regarded by the board of health of the city of Greater New York as being beyond criticism, and repeated examination by our bacteriologist showed nothing whatever suspicious. Our milk supply has been examined from time to time by our bacteriologist and the bacterial count has been found to be very low indeed, and nothing whatever suspicious has been found in connection with it. Our ice is manufactured from water obtained from an artesian well eighty feet in depth, and has been repeatedly examined by our bacteriologist and appears to be above suspicion. No oysters or clams were received at the hospital during the period of incubation of these cases. An examination of other sources of food supply fail to show any reasonable ground for suspicion. It is, therefore, probable that the typhoid infection has been brought into the hospital by one or more of the employes who have been ill with the disease, or possibly by one of the newly-admitted patients. Every possible precaution has been taken against the spread of the disease by complete and careful disinfection of everything made use of by the patients or coming in contact with them, by disinfection with steam in the laundry of all clothing which has in any way come in contact with these patients, and, in fact, by all the precautions which modern practice prescribes. Of the fourteen cases, consisting of four employes and ten patients, one employe died. I trust that with the rehabilitation of the Main building, and specially with the renewal of our plumbing system, which may fairly be expected to take place during the present fiscal year, we shall receive great help in the avoidance of infectious diseases in the future.

Reference was made in my last annual report to our satisfactory arrangements with the Mt. Sinai Hospital, in the Borough

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

of Manhattan, in accordance with which the nurses in our training school were enabled to take a post-graduate course at that hospital. I now take pleasure in reporting that early in the year under consideration, arrangements were completed with the management of Bellevue and allied hospitals, whereby our training school was affiliated with the Bellevue Training School, and the members of our class now spend six months each in one of the hospitals allied with Bellevue, and receive training specially in the nursing of surgical, children's and obstetrical cases. This arrangement seems to be entirely satisfactory to all concerned.

I regret to say that we are still greatly handicapped in our treatment of patients by the antiquated construction of the hospital and the lack of any apparatus for hydrotherapeutic treatment, especially for the giving of prolonged baths. I trust that these conditions may be remedied during the coming year.

During the past year we have co-operated with the After-Care Committee of the State Charities Aid Association in referring such cases as seemed to require inquiry and attention, to Miss E. H. Horton, the visiting agent of the committee. These cases have received the careful attention of Miss Horton, and she has been of material assistance in giving valuable information to the hospital authorities, and advice and supervision to the paroled patients and to their friends, whom she has been requested to visit.

In former reports I have discussed the conditions under which the State is now operating the State hospital plant, the tenure under which the State is now holding this property, and the steps which have been taken to acquire permanent title. It will be recalled that the Legislature of 1905 passed legislation providing that the city may transfer the title of this property, together with the land used by the city as a Potter's field to the State, in exchange for the State's interest in the House of Refuge on Randall's Island, the city having the lease of the House of Refuge on Randall's Island so long as it should continue to operate that plant as a training school for boys. This exchange was proposed in view of the fact that the State proposed to build a new training school for boys situated at some distance from the city, and this would terminate the lease on Randall's Island. In addition to this legislation so had during the session of 1906, with a view to removing certain objections entertained by the comptroller of the city of Greater New York to the carrying out of this

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

exchange in the session of 1907, further legislation was had in order to eliminate any features which were not satisfactory to the city in connection with this exchange. I understand that all parties to this exchange are now satisfied with the legislation in regard to the matter, and that it is expected that the exchange of properties above referred to will be consummated in a short time.

The Legislature of 1907 appropriated for the maintenance of this hospital during the fiscal year, 1907-1908, the sum of \$140,000. Assuming the patient population will remain during the year approximately at 700, this would provide a per capita allowance of \$200. It is probable, however, that the population will somewhat exceed this unless a large number of patients shall be removed to permit of the extensive changes in the Main building which are contemplated. With a present population of 716, an attempt has been made to make our estimates for October-November-December conform to an allowance of \$140,000 for the year. It has been found that though we have planned the most rigid economies and have cut off and reduced a large number of employes, including the abolition of fifteen graduate nurses, we are still obliged to carry over into the next period for estimate and payment, items amounting to approximately \$2,500. Beside this, it should be noted that in the rigid economies I have referred to I have included using up much of the margin of supplies usually carried over as a margin of comfort and safety from one period to another. Food supplies have not been cut, but any improvement in the variety of food for patients and employes is, under the present appropriation, out of the question.

I believe that with the present cost of supplies it will be impossible for the hospital to be permanently run in accordance with a proper standard for \$200 per capita per year. The following conditions should be borne in mind:

1. The present interior construction and arrangement of the hospital is such that it is difficult and expensive to administer. When our plan for improvements has been carried out, I believe the hospital can be more economically administered.

2. Owing to the location of this hospital, the most difficult and expensive of the 942 patients committed at the receiving pavilion of the Kings County Hospital to the State hospitals on Long Island are sent here. It is generally recognized by those having an intimate knowledge of this matter that the average rate of maintenance of a large hospital or of a hospital system throws no

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

light whatever on the cost of maintaining, on the one hand, a quiet case requiring little attention, and on the other the violent and disturbed or the cases physically ill and infirm, who require the maximum of nursing, special diet, drugs, medical supplies and medical attention, and who destroy or soil the maximum of clothing and bed clothing.

3. The lack of a productive farm should be borne in mind, also the fact that we are obliged to buy our own water and ice. These cost us \$5.52 per capita for the year as against an average of seventy-three cents for other hospitals. This will be corrected as soon as our plans for improvement can be carried out.

4. At this hospital, acting in accordance with the views of the board and also with my own strongly held views, I insist on the maximum food ration allowed by the Commission being supplied to patients and employes. It is entirely consumed with only a trifling waste, which cannot be avoided, and I regard it as of the utmost importance that no reductions in the food supply be made.

In this connection the small size of our hospital and the possibility of complete and careful supervision may be referred to. Frequently, demented patients will not eat sufficient food, that is to say, with a small first helping they may not call for a second helping simply because they are too demented to do so. I believe that in a small hospital that is less likely to occur.

When the considerations referred to above are taken into account, I do not feel that the hospital can be permanently run under the present material conditions and with the present price for supplies for the sum allowed during the present fiscal year without lowering the standard, and I would recommend that a sum be provided sufficient to maintain the present population at a per capita cost of not less than \$230 per year.

MATERIAL IMPROVEMENTS

In view of the fact that the remodeling of the hospital has not yet commenced there is very little to report under this heading. Such improvements as have been made have necessarily been of a temporary nature and properly come under ordinary repairs.

At the beginning of the year it was necessary to provide a dining-room and kitchen for the clerical force when they were brought over from the Annex at its abandonment, and such a dining-room was fitted up and also a kitchen with gas cooking

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apparatus immediately adjoining in the basement under Ward 1. This entailed very little expense and also provided a very convenient place for instruction in dietetics given the nurses' training class.

A new tin roof has been placed on the mortuary; the stable and contiguous farm buildings have been repainted and some necessary repairs made at the greenhouse.

Some of the wards and officers' quarters in the Main building have been repainted, but this work has been confined to absolute necessities and has not been as general as usual, owing to the anticipated remodeling of the building.

A large proportion of the ward furniture has been repaired and revarnished. Four hundred and twenty iron bedsteads have been painted and enameled in white. This nearly completes the repainting of all the bedsteads in the building and materially adds to the appearance of the wards.

A small quantity of shrubbery was planted on the grounds in front of the building, but the quantity which we were able to purchase with the funds available was so small that no definite plan of planting could be carried out, and what was done was only in the nature of a beginning along this line.

ENTERTAINMENT OF PATIENTS

The following is a general summary of the use of our amusement fund during the year, aside from the payment of about forty dollars per month to certain employes for services in the orchestra at the rate of five dollars per month.

The following entertainments were given:

New York Musical Club.

Archie Leon French, Impersonator.

Charles Meyer, Moving Pictures.

Augusta Grimm, Elocutionist.

Subscriptions to the following magazines were paid for: McClure's, 3 copies; Cosmopolitan, 3 copies; Munsey's, 3 copies; 1 copy each of Century, Harper's Monthly, Harper's Bazar, Delineator, Ladies' Home Journal and Deaf-Mutes' Journal. Ninety-three volumes were added to our patients' library; 2 sectional bookcases were purchased for ward sitting-rooms; 110 framed pictures for the wards; 960 yards of bunting for decorating purposes; 97 yards of serge for basket-ball suits; 10 lawn swings and 6 surf tents for women's exercise yard; 13 yards of

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carpet for billiard-room; 1 piano stool; 300 flower pots and saucers for potted plants for wards; 4 dozens jardinières for plants on wards; 17 tabourets; 2 dozen rose bowls; a considerable quantity of bulbs to furnish flowering plants for the wards; $\frac{1}{2}$ dozen baseballs; 3 dozen tennis balls; $3\frac{1}{2}$ dozen artist's crayons; 1 1-6 gross playing cards; 1 dozen sets checkers; 1 box billiard-cue tips; 1 gross picture hooks; 2 dozen rolls picture wire; 28 pounds wire for training plants; 1 Regina music box, including 12 tune discs, for men's wards; 1 large sized Victor talking machine and 18 records for same; a teacher in basketry and raphia work was employed for 22 lessons, and 75 pounds of raphia and reed purchased for this purpose; about 1,000 yards ground pine roping and holly and 5 dozen red paper bells were purchased for Christmas decoration; candy, peanuts, lemonade and apples were purchased for serving to the patients on the Fourth of July and Christmas; 55 patients were taken to the circus and Buffalo Bill's Wild West show; the following materials were purchased for the use of the women's fancy-work class: 12 papers tapestry needles; 4 papers embroidery needles; 28 yards fine linen; 6 dozen skeins embroidery cotton; 12 pieces braid; 36 balls embroidery cotton; 20 yards cretonne; 50 yards lawn; 12 pieces ribbon; 18 dozen skeins embroidery silk; 5 dozen embroidery rings.

Owing to a deficit in the maintenance appropriation during the last quarter of the year it became necessary to use about \$300 of the amusement fund for the payment of general supply bills, entirely foreign to the recognized use of the amusement fund allowance.

SUGGESTIONS AND FUTURE NEEDS

During the past three years sketch plans have been prepared by the State Architect for the remodeling of the Main building and for the erection of a Superintendent's house, staff house, kitchen, laundry, amusement hall, storehouse, including a cold-storage plant and morgue, and the rebuilding of the boiler and electric plant. The remodeling of the Main building includes the installation of new steam-heating plant, plumbing, hot and cold-water lines and apparatus, and new electrical wiring and apparatus. It includes a rearrangement of much of the space, new flooring, ceiling, and much of the wooden trim. It also includes the addition of six sun verandas which will increase the day-room space. Much of the brick construction of the Main building is of

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a character superior to the brick construction now commonly specified in hospitals for the insane. When this is taken into account, I believe if these changes are carried out, we shall have a State hospital in this borough superior in many respects to anything that could be built here for \$500 per capita.

It should be noted that while, on the one hand, the arrangement of space which the remodeling of the Main building contemplates, and the addition of the six sun verandas, will make available for use considerable additional space — the great improvement in service which is contemplated will take up considerable of this additional space in providing suitable dining-rooms, linen and clothes-rooms, medical examination-rooms for patients on the wards, gynaecological and surgical examination and treatment rooms, new water sections for toilet, lavatory and bathing purposes, diet kitchens, space for hydrotherapeutic treatment, suitable day-room space, sitting-room space for employes in their quarters off the wards, a single room for each employe, and other features absolutely necessary for the proper care and treatment of patients and the proper housing of and attention to employes, but which have been in great measure lacking.

In this scheme it is proposed to remodel the end cross wings for employes' quarters, and I believe if the Architect's plans are carried out, these wings will provide as satisfactory quarters as are provided in any of the nurses' homes recently erected in this State.

The water supply of the hospital has been in the past, as at present, obtained from the Flatbush water works at a cost during the past year of \$2,933.59. I would recommend that driven wells be sunk and a water supply obtained on our own property.

The Architect has estimated the remodeling and the new buildings including new water supply, to cost approximately \$460,000, and the Legislature of 1906 made the following appropriation:

“ Long Island State Hospital

“ For construction, heating, plumbing, lighting and equipment, the sum of two hundred twenty-nine thousand six hundred and sixty-nine dollars (\$229,669), being one-half the sum required to reconstruct and equip the Long Island State Hospital.

“ For surgical equipment, one thousand five hundred and sixty-five dollars (\$1,565).

“ For hydrotherapeutic installation, three thousand one hundred dollars (\$3,100).

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"No portion of the appropriation hereby made for the Long Island State Hospital shall be available for any purpose until the city of New York has, by satisfactory conveyance, transferred to the State of New York, the real estate, tenements, hereditaments and appurtenances of said Long Island State Hospital, and all other property thereunto belonging."

It will be noted that one-half the sum estimated by the State Architect was allowed.

Assuming that the title of this property will pass to the State in a short time, I would recommend that the Legislature be requested to appropriate the remaining half of the sum required to reconstruct the hospital and provide the necessary additional buildings as outlined in the State Architect's preliminary estimates and sketches.

The changes and new construction outlined above, together with certain additions to our equipment enumerated later, will provide for this borough an up-to-date hospital with the necessary facilities for the modern treatment of the acute insane. This hospital will be conveniently situated, as nearly all our commitments come to us from the city-receiving ward of the Kings County Hospital, which is situated closely adjacent to our main building. Our list of requirements, will, therefore, be as follows:

The remainder of the sum required to reconstruct the main building and to provide the necessary new construction and equipment as estimated by the State Architect. The exact amount can only be determined after bids have been obtained.

Furniture for employes' quarters, wards of the	
Main building as reconstructed, the Staff-house,	
Superintendent's house, and the additional equip-	
ment necessary for new kitchen.....	\$30,000 00
Additional equipment for new laundry.....	6,500 00
Equipment for shops, including lathe, band-saw,	
rip-saw, for carpenter shop, with all connections,	700 00
Electrical apparatus for diagnosis and treatment..	525 00
New plants and shrubbery for the grounds.....	350 00
Water lines about grounds for watering lawns.....	250 00

During the year the only change in the personnel of the staff was the resignation of Dr. H. Elizabeth Balch, and the appointment of Dr. Anna M. Agnew to the position thus created.

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In addition to the monthly visits of the Board of Managers and the visits of the State Commission in Lunacy, I have to report the following:

Dr. Browning, Brooklyn; Mrs. Arnold G. Dana and Mr. Albro J. Newton, members of the State Charities Aid Association; Mr. J. E. Corwith; Mr. Charles E. Johnston, Kingston, N. Y.; Dr. R. M. Elliott, Superintendent Willard State Hospital, Willard, N. Y.; Mr. J. F. Miller, Albany; Mr. E. W. Tompkins, Albany; Mr. Charles P. Bible, Brooklyn; Miss Annie Alline, Albany; Dr. F. A. Burns, Seattle, Wash.; Dr. Sydney D. Wilgus, New York; Dr. Charles Frischbier, Brooklyn; Dr. H. A. Fairbairn, Brooklyn; Dr. Lawrence, Brooklyn; Dr. Delacroix, New York; Dr. H. B. Harrington, Brooklyn; Dr. Frederick C. Eastman, Brooklyn; Dr. H. D. Long, Marine Hospital Service; Dr. Aulde, Philadelphia; Dr. B. R. Nairn, Buffalo; Mr. F. A. Wheeler, Ward's Island, N. Y.; Dr. M. J. Thornton, New York; Dr. A. J. Rosenoff, Kings Park; Mr. Gates, Albany; Dr. John L. Macumber, Brooklyn; Dr. Woglom, Brooklyn.

For magazines and other reading matter the hospital is indebted to the following residents of Brooklyn: Mrs. M. E. Riley, Mrs. Haight, Mr. B. F. Parsons, Mrs. Hadden, Mr. B. H. Keiller, Mrs. Gaus, Mrs. J. H. Burtis, Mrs. E. M. Ward, Miss M. A. Clark, Mrs. Lyons, Mr. Irving L. Woodman, Mrs. W. C. Peck, Mrs. Charles Adams, Mrs. S. R. Conklin, Mrs. J. C. Tredwell, Mrs. A. C. Gismond, Mrs. M. F. Taylor, Mr. C. Clark, Miss Haskell, Miss L. A. Smith, Mrs. Johnson, Mr. Chauncey Perry, Mrs. H. Stutzer, Mr. E. H. Pollock, Mr. D. E. Farrell, Mrs. W. F. Richardson, Mrs. E. C. Bishop, Mr. Garse, Rev. A. Blum, The Brooklyn Citizen.

The usual statistical tables, financial statement, and reports from the various industrial departments are appended to this report. In conclusion I desire to express my appreciation of the aid and co-operation which have been extended to me by the members of the Board, by the State Commission in Lunacy, and to the officers and employes of the hospital for their loyal and efficient service.

Respectfully submitted,

O. M. DEWING,
Superintendent.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	350	755	1,105
Admitted during year ending September 30, 1907.....	126	157	283
On original commitments.:			
From residences.....	108	135	243
By transfers from county houses.....			
By transfers from other institutions for insane.....	18	22	40
Total number under treatment during year..	476	912	1,388
Daily average population.....	301	424	725
Capacity of institution.....	333	322	655
Discharged during year:			
As recovered.....	30	57	87
As improved.....	29	34	63
As unimproved.....	60	364	424
As not insane.....		1	1
Died.....	43	54	97
Whole number discharged during year....	162	510	672
Remaining October 1, 1907.....	314	402	716

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening.....	1895
Total acreage of grounds and buildings (approximate)	25
Value of real estate, including buildings.....	.....
Value of personal property.....	\$77,000 00
Acreage under cultivation.....	12

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$7,264 90
From State treasury for maintenance on estimates 1 to 12, inclusive.....	169,061 85
From private patients.....	.....
From reimbursing patients.....	8,264 07
From all other sources.....	1,271 45

Total receipts for maintenance..... \$185,862 27

Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$2,284 28
Total receipts from manufacturing fund.....	1,200 00

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	\$13,654 41
Estimate No. 2. For wages	64,630 86
Estimate No. 3. For provisions and stores..	60,821 07
Estimate No. 4. For ordinary repairs	3,126 47
Estimate No. 5. For farm and grounds.....	2,214 81
Estimate No. 6. For clothing of patients....	3,998 82
Estimate No. 7. For furniture and bedding.	3,820 74
Estimate No. 8. For books and stationery..	1,437 28
Estimate No. 9. For fuel and light.....	13,230 48
Estimate No. 10. For medical supplies	1,628 95
Estimate No. 11. For miscellaneous expenses,	7,559 40
Estimate No. 12. For transportation	130 11

Total disbursements, estimates 1 to 12, inclusive \$176,253 40

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Concluded)

Reimbursing, estimate 6.....	\$773 47
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	2,284 28
Total disbursements during year, manufacturing fund .....	.....
Balances October 1, 1907:	
General maintenance fund.....	.....
Manufacturing fund .....	.....
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$4.681
Maximum rate of wages paid attendants:	
Men	\$41 25
Women	36 00
Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 9
Proportion of night attendants to average daily population	1 to 40.2
Percentage of daily patient population engaged in some kind of useful occupation.....	47
Estimated value of farm and garden products during year	\$1,377 62
Estimated value of articles made or manufactured by patients during year.....	3,000 00

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	2	7	9	1	2	3	5
Mental strain, worry and overwork (not included in above).....	2	9	11	1	1	2	2
Religious excitement		2	2	.....	.....	.....	.....
Physical:							
Intemperance.....	34	14	48	9	2	11	7
Venereal diseases.....	2	1	3	.....	.....	.....	.....
Masturbation.....	1	.....	1	.....	.....	.....	.....
Accident or injury...	4	5	9	.....	.....	.....	.....
Pregnancy.....	.....	5	5	.....	.....	.....	.....
Parturition and puerperium.....	.....	9	9	.....	.....	.....	.....
Change of life.....	.....	1	1	.....	.....	.....	.....
Epilepsy.....	5	4	9	.....	1	1	3
Other convulsive disorders.....	1	.....	1	.....	.....	.....	.....
Old age.....	7	12	19	7	4	11	3
All other bodily disorders and ill health.....	1	1	2	.....	.....	.....	.....
Hereditary.....	12	19	31	12	19	31	.....
Unascertained.....	55	67	122	20	.....	20	40
Not insane.....	.....	1	1	.....	.....	.....	.....
Total.....	126	157	283	50	29	79	60

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	41	15	9	63	22	7
General paralysis.....	34	.....	26	61	1	41
Senile insanity.....	26	1	23	54	.....	37
Epilepsy with insanity	9	3	1	23	2	9
Imbecility, idiocy with insanity.....	1	1	1	7	.....	1
Other psychoses.....	171	67	37	474	129	99
*Not insane.....	1	.....	.....	4	.....	.....
Total	283	87	97	686	154	194

*Includes cases of alcoholism, drug habit, etc.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	9	22	31	4	3	7	218	326	540	51	24	75
One to three months.....	8	8	16	5	17	22	216	275	491	208	197	405
Three to six months.....	1	4	5	10	16	26	83	116	199	267	332	599
Six to nine months.....		2	2	4	4	8	36	45	81	161	204	365
Nine months to one year.....		2	2	3	4	7	11	24	35	86	124	210
One year to eighteen months.....		1	1	3	9	12	24	24	48	83	112	195
Eighteen months to two years.....	1	1	2		1	1	11	7	18	18	30	48
Two to three years.....	2	1	3				13	16	29	16	27	43
Three to four years.....		1	1		1	1	12	9	21	13	12	25
Four to five years.....							6	3	9	9	9	18
Five to ten years.....		2	2	1	1	2	11	8	19	18	23	41
Ten to twenty years.....							2	3	5	2	8	10
Thirty to forty years.....										1		1
*Not insane.....					1	1						
Unascertained.....	9	13	22				290	246	536			
Total.....	30	57	87	30	57	87	933	1,102	2,035	933	1,102	2,035

* Includes cases of alcoholism, opium habit, etc.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....		2	2	24	18	42
Measles.....					1	1
Mumps.....					2	2
Small pox.....				1	2	3
Influenza.....				3	2	5
Erysipelas.....		1	1	5	8	13
Septicemia and pyemia.....				9	16	25
Dysentery.....		4	4	28	57	85
Syphilis.....				4		4
Tuberculosis.....	1	6	7	232	292	524
Constitutional diseases:						
Rheumatism (or rheu- matic affection).....					1	1
Diabetes mellitus and diabetes insipidus.....				3	4	7
Scurvy, purpura and hæmophilia.....				1	2	3
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....					2	2
Diseases of the stomach.....		1	1	8	11	19
Diseases of the intes- tines.....				63	103	166
Diseases of the liver.....		1	1	4	10	14
Diseases of the perito- neum.....				5	1	6
Diseases of the respiratory system:						
Diseases of the bronchi.....				8	3	11
Diseases of the lungs.....		3	3	86	111	197
Diseases of the pleura.....				2	5	7

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the circulatory system:						
Diseases of the pericardium					5	5
Diseases of the heart....	5	13	18	192	213	405
Arterio-sclerosis.....		4	4	10	18	28
Aneurism.....				1	1	2
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukæmia....				1	1	2
Diseases of the genito-urinary system.....		3	3	56	80	136
Diseases of the nervous system:						
Diseases of the nerves....				1	1	2
Diseases of the spinal cord.....				3	2	5
Diseases of the meninges.....				9	7	16
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions).....	3	2	5	117	124	241
Functional nervous diseases (paralysis, agitations, chorea, eclampsia, hysteria, neurasthenia).....				1	1	2
Epilepsy.....	1		1	94	64	158
Mental diseases:						
Exhaustion of acute mental disease.....	1	4	5	156	232	388
Exhaustion of chronic mental disease.....	3	1	4	34	30	64
General paralysis of the insane.....	21	4	25	439	64	503

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
The intoxications; heat-stroke; obesity:						
Alcoholism.....	1	1	2	1	1	2
Heat-stroke.....					2	2
Obesity.....					1	1
Debility of old age.....	6	3	9	65	85	150
Accident.....				15	6	21
Suicide.....				2	1	3
Surgical and gynecological diseases and diseases of the skin.....				16	21	37
Malignant new growths or cancer.....	1	1	2	16	40	56
Total.....	43	54	97	1,715	1,651	3,366

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	7	10	17	193	253	446
Maternal branch.....	6	9	15	236	284	520
Paternal and maternal branches.....				40	52	92
Collateral branches.....	4	11	15	244	337	581
No hereditary tendency.	82	99	181	1,942	1,834	3,776
Unascertained.....	27	28	55	2,095	2,453	4,548
Total.....	126	157	283	4,750	5,213	9,963

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	54	52	106	2,050	1,691	3,741
Married.....	57	70	127	1,966	2,058	4,024
Widowed.....	9	28	37	416	809	1,225
Divorced.....	1	1	2	3	6	9
Unascertained.....	5	6	11	315	649	964
Total.....	126	157	283	4,750	5,213	9,963

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	1	.....	1	95	20	115
Academic.....	7	5	12	111	82	193
Common school.....	76	101	177	2,400	2,251	4,651
Read and write.....	9	12	21	496	499	995
Read only.....	1	5	6	162	218	380
No education.....	10	9	19	231	365	596
Unascertained.....	22	25	47	1,255	1,778	3,033
Total.....	126	157	283	4,750	5,213	9,963

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11
Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total	Total	Men	Women	Total	Total
Under one month.....	6	4	10	39	132	168	300	455
One to three months.....	5	5	10	7	190	165	355	376
Three to six months.....	2	5	7	9	143	105	248	343
Six to nine months.....	2	3	5	6	105	61	166	219
Nine months to one year.....	1	2	3	6	52	26	78	187
One year to eighteen months.....	3	2	5	8	109	60	169	285
Eighteen months to two years.....	2	2	4	3	42	35	77	139
Two to three years.....	1	3	4	3	79	64	143	243
Three to four years.....	3	1	4	1	35	40	75	186
Four to six years.....	2	3	5	4	31	48	79	202
Six to ten years.....	1	.....	1	.....	36	41	77	278
Ten to twenty years.....	.....	2	2	8	28	32	60	299
Twenty years and over.....	.....	.....	.....	2	8	13	21	154
*Not insane.....	15	22	37	.....	725	792	1,517	.....
Unascertained.....	43	54	97	97	1,715	1,651	3,366	3,366
Total.....				.5				3.94
Average duration of insane life (years and tenths).....			2.23	3.92			2.86	4.77

*Includes cases of alcoholism, drug habit, etc.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to ten years.....				1		1
From 10 to 15 years.....				20	10	30
From 15 to 25 years.....	5	10	15	206	220	426
From 20 to 25 years.....	18	18	36	541	523	1,064
From 25 to 30 years.....	14	30	44	587	671	1,258
From 30 to 35 years.....	12	12	24	620	657	1,277
From 35 to 40 years.....	14	15	29	589	536	1,125
From 40 to 50 years.....	21	29	50	814	797	1,611
From 50 to 60 years.....	20	17	37	508	529	1,037
From 60 to 70 years.....	11	11	22	354	366	720
From 70 to 80 years.....	6	11	17	175	215	390
From 80 to 90 years.....		4	4	47	57	104
Unascertained.....	5		5	288	632	920
Total.....	126	157	283	4,750	5,213	9,963

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	2	5	7	79	82	161
From 20 to 30 years.....	8	12	20	289	404	693
From 30 to 40 years.....	7	19	26	260	298	558
From 40 to 50 years.....	5	12	17	168	195	363
From 50 to 60 years.....	5	5	10	89	80	169
From 60 to 70 years.....	2	3	5	31	34	65
From 70 to 80 years.....	1	1	2	5	4	9
Unascertained.....				12	5	17
Total.....	30	57	87	933	1,102	2,035

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.				3	2	5
From 15 to 20 years.				20	25	45
From 20 to 25 years.	3	1	4	73	63	136
From 25 to 30 years.	1	4	5	112	111	223
From 30 to 35 years.	3	3	6	148	134	282
From 35 to 40 years.	6	6	12	218	143	361
From 40 to 50 years.	9	8	17	367	297	664
From 50 to 60 years.	10	10	20	305	291	596
From 60 to 70 years.	5	11	16	272	327	599
From 70 to 80 years.	5	6	11	158	191	349
From 80 to 90 years.	1	5	6	34	65	99
Unascertained.				5	2	7
Total.	43	54	97	1,715	1,651	3,366

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	23	38	61
One to three months.....	25	28	53
Three to six months.....	13	6	19
Six to nine months.....	4	3	7
Nine months to one year.....	5	10	15
One year to eighteen months.....	8	5	13
Eighteen months to two years.....	3	6	9
Two to three years.....	9	7	16
Three to four years.....	5	4	9
Four to five years.....	1	5	6
Five to ten years.....	2	8	10
Ten to fifteen years.....	1	5	6
Fifteen to twenty years.....	2	5	7
Thirty years and upwards.....		1	1
*Not insane.....		1	1
Unascertained.....	25	25	50
Total.....	126	157	283

*Includes cases of alcoholism, morphia habit, etc.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	12	17	29
One to three months.....	13	15	28
Three to six months.....	13	17	30
Six to nine months.....	15	22	37
Nine months to one year.....	13	15	28
One year to eighteen months.....	23	26	49
Eighteen months to two years.....	9	19	28
Two to three years.....	24	19	43
Three to four years.....	8	20	28
Four to five years.....	18	16	34
Five to ten years.....	55	55	110
Ten to fifteen years.....	64	78	142
Fifteen to twenty years.....	20	39	59
Twenty to thirty years.....	21	36	57
Thirty years and upwards.....	6	8	14
Total... ..	314	402	716

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, sur- veyors, etc.....	4	.....	4	155	14	169
Commercial:						
B a n k e r s, merchants, accountants, clerks, salesmen, shopkeep- ers, shopmen, stenog- raphers, typewriters, etc.....	19	.....	19	792	4	796
Agricultural and pastoral:						
F a r m e r s, gardeners, herdsmen, etc.....	1	.....	1	119	.....	119
Mechanics, at outdoor vo- cations:						
Blacksmiths, carpenters, engine-fitters, saw yers, painters, police, etc.....	38	.....	38	714	.....	714
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, tail- ors, weavers, bakers, etc.....	28	.....	28	865	2	867
Domestic service:						
Waiters, cooks, servants, etc.....	5	30	35	140	1,397	1,537
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....	.....	84	84	31	2,393	2,424

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales-						
women, stenograph-						
ers, typewriters, etc.		1	1	22	68	90
Employed in sedentary oc-						
cupation:						
Tailoresses, se a m s -						
tresses, bookbinders,						
factory workers, etc.		16	16	84	337	421
Miners, seamen, etc.	3	.....	3	93	.....	93
Laborers.	21	.....	21	1,147	.....	1,147
No occupation.	5	25	30	230	317	547
Unascertained.	2	1	3	358	681	1,039
Total.	126	157	283	4,750	5,213	9,963

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Arabia				2		2
Austria	2	4	6	45	48	93
Australia				2	2	4
Africa				1	2	3
Azores					1	1
Bavaria				5	2	7
Belgium				4		4
Bohemia				1	1	2
Born at sea				1		1
Canada	1	2	3	68	43	111
Canary Islands				2		2
China				10		10
Corsica				1		1
Denmark		1	1	19	20	39
England	5	4	9	191	173	364
Finland	1		1	10	11	21
France				23	25	48
Germany	10	12	22	675	666	1,341
Greece				1		1
Holland				7	8	15
Hungary				21	35	56
Iceland				1	1	2
India					1	1
Italy	5	7	12	73	73	146
Ireland	19	33	52	776	1,216	1,992
Japan				3	1	4
Maderia					1	1
Mexico				1		1
Norway	3	3	6	53	45	98
Newfoundland		1	1	1	1	2
Nova Scotia				3	3	6
Poland	1	1	2	32	28	60
Prussia		1	1	1	1	2
Roumania	2		2	7	4	11
Russia	10	8	18	86	134	220
South America				2	2	4

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Shinnecock Indians.....					1	1
Scotland.....	1		1	53	44	97
Spain.....				9	2	11
Sweden.....	3	3	6	79	109	188
Syria.....					3	3
Switzerland.....				2	6	8
Turkey.....				18	15	33
United States.....	61	77	138	2,191	1,986	4,177
Wales.....				5	4	9
West Indies.....				14	15	29
Unascertained.....	2		2	298	637	935
Total.....	126	157	283	4,797	5,370	10167

Of the total number admitted since the 1st of October, 1888, the parents of 74.30 per cent were both of foreign birth.

In 2.69 per cent the parentage on the paternal side was foreign while that on the maternal side was native.

In 1.77 per cent the parentage on the maternal side was foreign while that on the paternal side was native.

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany			
Allegany			
Broome			
Cattaraugus			
Cayuga			
Chautauqua			
Chemung			
Chenango			
Clinton			
Columbia			
Cortland			
Delaware			
Dutchess			
Erie			
Essex			
Franklin			
Fulton			
Genesee			
Greene			
Hamilton			
Herkimer			
Jefferson			
Kings	272		
Lewis			
Livingston			
Madison			
Monroe			
Montgomery			
Nassau			
New York			
Niagara			
Oneida			
Onondaga			
Ontario			
Orange			
Orleans			
Oswego			
Otsego			

LONG ISLAND STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam			
Queens	10		
Rensselaer			
Richmond	1		
Rockland			
St. Lawrence			
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben			
Suffolk			
Sullivan			
Tioga			
Tompkins			
Ulster			
Warren			
Washington			
Wayne			
Westchester			
Wyoming			
Yates			
Soldiers' Home			
Total	283		

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....						
Allegany.....						
Broome.....						
Cattaraugus.....						
Cayuga.....						
Chautauqua.....						
Chemung.....						
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....						
Erie.....						
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....						
Greene.....						
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	308	388	696			
Lewis.....						
Livingston.....						
Madison.....						
Monroe.....						
Montgomery.....						
New York.....		1	1			
Niagara.....						
Oneida.....						
Onondaga.....						
Ontario.....						
Orange.....						
Orleans.....						
Oswego.....						

LONG ISLAND STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Otsego						
Putnam						
Queens	4	10	14			
Rensselaer						
Richmond						
Rockland						
St. Lawrence						
Saratoga						
Schenectady						
Schoharie						
Schuyler						
Seneca						
Steuben						
Suffolk	2	3	5			
Sullivan						
Tioga						
Tompkins						
Ulster						
Warren						
Washington						
Wayne						
Westchester						
Wyoming						
Yates						
Unascertained						
Total	314	402	716			

TWELFTH ANNUAL REPORT
OF THE
KINGS PARK STATE HOSPITAL
AT
KINGS PARK
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907.

OFFICERS OF THE HOSPITAL

BOARD OF MANAGERS

JOHN THATCHER, President.....	Brooklyn
CHARLES E. TEALE, Secretary.....	Brooklyn
SILAS B. DUTCHER.....	Brooklyn
JOHN ROONEY	Brooklyn
MARY M. ACKERLY.....	Northport
ALEXANDER C. SNYDER.....	Brooklyn
HELEN J. McKEEN.....	Brooklyn

TREASURER

CARROLL F. SMITH.....	Albany
-----------------------	--------

PURCHASING STEWARD

FREDERICK A. WHEELER.....	New York
---------------------------	----------

ATTORNEY

MARCUS B. CAMPBELL.....	Brooklyn
-------------------------	----------

RESIDENT OFFICERS

WM. AUSTIN MACY, M. D.....	Medical Superintendent
GEORGE O'HANLON, M. D.....	First Assistant Physician
ARTHUR J. CAPRON, M. D.....	Second Assistant Physician
WILLIAM H. HAGENBUCH, M. D.....	Assistant Physician
WALTER H. SANFORD, M. D.....	Assistant Physician
AARON J. ROSANOFF, M. D.....	Assistant Physician
J. ALBERT PRITCHARD, M. D.....	Assistant Physician
DONALD L. ROSS, M. D.....	Assistant Physician
(Vacancy)	Assistant Physician
ANNA CRAIG, M. D.....	Woman Physician
ALBERT E. ULLMAN, M. D.....	Junior Assistant Physician
EDWARD P. POWERS, M. D.....	Junior Assistant Physician
(Vacancy)	Junior Assistant Physician
(Vacancy)	Junior Assistant Physician
JAMES J. SHEA, M. D.....	Medical Interne
GEORGE E. TEEHAN, M. D.....	Medical Interne
ROBERT F. LAWLESS, M. D.....	Medical Interne
STEPHEN E. VOSBURGH, M. D.....	Medical Interne

RESIDENT STEWARD

CHARLES S. PITCHER

MATRON

(Vacancy)

CONSULTING STAFF

SMITH ELY JELLIFFE, M. D.....	Neurology
GEORGE FRANKLIN SHIELS, M. D., F. R. C. S. E.....	
	General Surgery
SYLVESTER J. MCNAMARA, M. D.....	Gynaecology
JOHN A. MCCORKLE, M. D.....	Internal Medicine
H. H. MORTON, M. D.....	Genito-Urinary Diseases
JOHN F. FITZGERALD, M. D.....	Neurology
DUDLEY D. ROBERTS, M. D.....	Gastro-Enterology
JULIAN W. RUSSELL, M. D.....	Odontology
S. BUSBY ALLEN, M. D.....	Ophthalmology
FRANK QUACKENBUSH, M. D.....	Dentist

REPORT

State Commission in Lunacy, Albany, N. Y.:

GENTLEMEN.—We herewith respectfully present for the Board of Managers of the Kings Park State Hospital, the twelfth annual report of that institution for the year ending September 30, 1907, accompanied by the usual report of the Superintendent for the hospital. While respectfully drawing your attention to the data contained in the several monthly reports of the Board of Managers, we wish to bring before you in detail a few matters aside from such information and suggestions as are contained in the report of Dr. Macy, presented herewith.

The Managers regret that the appropriations of the past year were insufficient for the State to allow them a number of matters that had been previously brought up and had been included in the budget of the State Commission in Lunacy and passed by the Legislature, and trust that in the ensuing year it may be possible to make greater headway in securing some of these things which are needed to bring this institution more nearly up-to-date. These various matters are included in considerable detail in the Superintendent's report, and have been gone over with the Lunacy Commission at length, both this year, and to some extent in previous years.

The principal need of the institution is relief from the overcrowding that now takes place throughout the institution. The report of last year and the one of this year cover this so fully that it would seem almost unnecessary to dilate further upon it at this time. Your Commission is fully aware of the conditions, and we earnestly trust that something may be done to remedy this, either in caring for these extra patients elsewhere, or in providing funds for increasing this institution, the latter being apparently necessary in any event, on account of the steady increase in the number of the insane. Should this be determined upon, we respectfully suggest that a number of the other matters, which might be included under the heading of improvements and betterments, ought

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

to be considered in connection therewith. Meanwhile, among the more urgent matters for present attention, we would respectfully draw to your attention the question of completing the system for sewage disposal, the building of a fire-proof building of adequate size for our industries and increasing the appropriation of last year for a somewhat better laundry than that appropriation would allow, and in this connection we would respectfully suggest that where we have ample land, that a single story building would, we think, not only better suit the interests of the hospital, but would be more economical in its management in the long run, and would obviate the necessity of using steam elevators, the maintenance of which would be a constant expense. If the hospital was located in a large city, there might be some material reason for a two-story building, but, under the circumstances, we believe that a single story building of sufficient size would be far preferable.

The building of an administration building would allow the present quarters, that are used for physicians, to accommodate fifty-eight patients, and by building such a building we believe that at the per capita allowed for such construction at present, it would not only be an economical move, but also would result in very much greater convenience to the institution, as well as giving increased facilities for caring for certain of our officers and employes, by reason of the changes this would enable us to make.

Another appropriation for cement walks is necessary to enable us to carry on the work that was begun last year.

An appropriation for bettering the serving-room accommodations at the Group, which are totally inadequate, and the applying of further equipment, especially for dish washing, etc., is urgently needed.

It will be necessary to reappropriate the sum of money previously allowed for the sewage disposal system, in connection with the amount referred to above.

We would ask for the sum of \$15,000 for the purchase of additional land, and firmly believe that it is for the best interests of this institution, especially with the view of an increase in the future, for an annual appropriation for this subject to be had (each year) until some of the surrounding territory can be added to the hospital plant. This may not require very many

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

thousands of dollars, but if pursued in this manner, will, within a few years, have placed the institution in a position where its interests, with regard to the future, will have been very materially benefited.

Your Commission has already consented to our asking for the sum of \$2,000 for the sinking of test wells on our property, etc., in connection with work that must be taken up for the increasing of our water supply, which is at present at about its limit.

New laundry machinery will have to be asked for, for whatever laundry is erected.

An appropriation for broken trap rock for repairing our main driveway is also needed.

It is in every way appropriate, and with the consideration of the building of a new laundry, the subject of a new power and steam plant should be carefully canvassed. The present plant is so placed, that there is a very large waste by radiation in the steam that is furnished, and, while this plant may be readily accessible for future construction for supplying steam to other buildings, it has been the concensus of opinion of all who have looked into this matter, that a new power plant should be supplied at once, more conveniently located to our older buildings and the new laundry to be built. This with its equipment should be provided. In case, for any reason, this boiler plant is not provided there should be provision made for at least two extra boilers, one for high pressure and the other for low pressure, as a relief to the present system which is now working at its maximum at times.

The buildings of the hospital are suffering exceedingly for want of paint, and an inspection of them will show how badly this is required. We are asking for an appropriation of \$5,000.

We believe that additional fire protection is needed at the hospital, and that it is particularly desirable that a small building may be erected to accommodate a number of the regular fire company, possibly for twenty or thirty people, with an adequate hose tower for drying our hose. There is no hose tower at present, and the latter is very much needed. For these various matters an appropriation of about \$8,000 is asked.

As such other matters as the Board has had under consideration are so fully outlined in the Superintendent's report and in the data presented to your Commission, previously, we omit such items

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

as have not been included in the list herewith, but trust that your Commission will include all of them that it is possible for you to reach in the requests that you make for appropriations the coming year.

Very respectfully,

JOHN THATCHER,

CHAS. E. TEALE,

*Committee for the Board of Managers,
Kings Park State Hospital.*

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

REPORT OF THE SUPERINTENDENT

*To the Board of Managers of the Kings Park State Hospital,
Kings Park, Suffolk Co., N. Y.:*

GENTLEMEN.—Herewith I respectfully present the twelfth annual report of this institution for the year ending September 30, 1907. Since the writing of the last annual report one vacancy, by expiration of the term of office, has occurred on the Board of Managers, in the case of Mrs. Mary M. Ackerly, of Northport, N. Y., who was reappointed by the Governor.

MOVEMENTS OF POPULATION

	Men	Women	Total
Number of patients remaining in hospital October 1, 1906.....	1,278	1,517	2,795
Number admitted during the year....	379	687	1,066
Number discharged, recovered.....	99	101	200
Number discharged improved.....	61	33	94
Number discharged unimproved.....	25	40	65
Number discharged not insane.....	1	....	1
Died	128	166	294
Total number discharged, including deaths	314	340	654
Daily average population.....	1,319	1,808	3,127
Remaining October 1, 1907.....	1,343	1,864	3,207

During the fiscal year 1,066 patients were admitted, of whom 336 were transfers from other State hospitals and private institutions, 319 of these being from the Long Island State Hospital at Flatbush, and 730 cases were from the Kings County Hospital and from their residences, on direct admissions. There were 215 more direct admissions this year than last, not including transfers.

Of the number discharged, thirteen were transferred to other institutions for the insane, seventeen were deported as aliens, and six were returned to their homes in foreign countries by friends,

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

and two were sent by funds provided by the State Commission in Lunacy.

Eleven patients were returned to other States by their relatives, while five were returned to their relatives in other States by the Lunacy Commission.

GENERAL CONDITIONS

There were three cases of typhoid fever during the year, all of whom recovered. There were six cases of erysipelas, but aside from these two diseases there were no other contagious diseases. There were no suicides.

The recovery rate on admissions, less transfers for the year, is 27.4 per cent, the same as last year.

SPECIAL HAPPENINGS

I regret exceedingly to report the loss of our main laundry by fire on the night of November 27, 1906. We believe that this building was set on fire by sparks from a switching engine that was employed on our grounds by the railroad late at night, at which time a furious wind was raging and dried leaves grass, etc., were in the air more or less of the time. The theory is that much of this found lodgment in the gutters of the roof, which was a new tar roof, and catching on fire it finally grew to a blaze, the tar supplying the fuel to make so intense a fire that it was impossible to save scarcely anything in the entire building. The fire was seen shortly after it started by a number of the hospital employes, and at that time was entirely confined to the roof itself. The terrific wind made it impossible for anything to be done by our fire company, and, finding this to be the case, the efforts of the firemen were confined to saving the other buildings, a number of which happened to be threatened at the time, and in this were successful. The laundry, including all of its machinery, belting and equipment, and a very large amount of institution clothing, belonging to the hospital patients, to officers and employes, were a total loss, the estimated value reaching \$86,677.25.

On January 30, 1907, a fire started in the stock-room of the linen-room in building "A:" in this case the cause probably being defective insulation of the electric wires passing through the room. The loss in this case was slightly over \$1,450, but the fire was confined by our fire company to almost one room, with some of the surrounding construction, and we felt very fortunate in escaping

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

without greater loss, especially as these stores were in the basement of one of our large buildings for patients.

TRAINING SCHOOL

Considerable advance in one of the methods of training at this hospital can be reported at this time, the securing of which has been a great gratification to this hospital. I refer to the arrangement that was made with General Superintendent Dr. S. T. Armstrong, of Bellevue and the Allied Hospitals, and Miss Annie Goodrich, Superintendent of their Training Schools for Nurses, whereby certain of our graduate nurses are taken by Bellevue and the allied hospitals, and given such post-graduate courses in the grade of work which we desire for them, in order, that they could fully comply with the requirements prescribed by the State Board of Regents to entitle them to registration as graduate nurses. Heretofore we have had arrangements with a number of different hospitals scattered about Brooklyn and New York, which made it difficult for us to get these opportunities as we wanted them, though we were able to give them practically all that was required. The authorities of Bellevue and the allied hospitals, through General Superintendent Armstrong and Miss Goodrich, not only willingly and kindly met us in this matter, but further arranged the work that should be taken by the nurses, so that we feel that it is now to the best interest of the members of the training school, as well as their convenience. They also were able to make an arrangement through their Board of Trustees so that these nurses in going to the hospital are paid the small amounts given by them, and which is usual in other hospitals, to pupil nurses. While this sum is rather small, it must be remembered, that the expenses of these general hospitals are very large, and the facilities given to nurses for obtaining the special training needed for them to follow this vocation are so exceptionally good, that with them, the giving of this money is rather a matter expressive of the recognition on the part of the authorities of the hospital of the fact, that most of the people who take this course, have very little means of their own, and can often ill afford to even take a course, that would enable them the better to get a living in this direction under ordinary circumstances, rather than that it should be looked upon in any sense as pay. At this salary they have money for car fare and a little pocket money during the time they are in the institution, and in that respect it is very acceptable, and

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

our sincere thanks are heartily given Dr. Armstrong and also to Miss Goodrich for their kindly co-operation in this matter, as well as to the members of the Board of Managers of Bellevue and its allied hospitals, whose acquiescence and co-operation made this possible. I feel that, both on the part of Dr. Armstrong, as general superintendent, and Miss Goodrich, as in charge of the training schools, this State hospital has met with most active co-operation in not only this, but, in different other matters that have come up that have brought us in affiliation; and I desire to record our sincere appreciation of the hearty and cordial relations that have been sustained * * * in whatever has come up, that has brought us together.

We have somewhat extended our schedule of training for the nurses during the past year.

There were thirteen members in the graduating class and the average standing for the entire class was 91.3 per cent.

MEDICAL SERVICE

The general work of the hospital has been conducted along the usual lines, and considerable research work has been engaged in by different members of the staff. We hope at a later period more or less may be published of the results of these investigations. Our laboratory is still maintained, and, while Dr. A. J. Rosanoff, who has been such an active worker in connection with this branch of the medical work, has been transferred to take charge of one of our acute services during the past year, through the courtesy of Dr. R. M. Elliott, of the Willard State Hospital (in allowing the transfer, which was at the same time a promotion), we have secured the services of Dr. J. Albert Pritchard, who has continued the work carried on by Dr. Rosanoff.

Staff meetings have been carried on twice each week throughout the year, members of the staff being met by the Superintendent or one of his immediate representatives upon the staff, and a large number of cases have been written up and discussed, and free discussion has been had at such times of the general hospital work and management.

I record with much regret the resignation during the year of Dr. R. M. Rawls, who, because of having been tendered other appointments, especially one at the Women's Hospital at New York city, found it impossible to longer continue with us in the work that he was carrying on in gynaecology. Dr. Rawls' long asso-

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

ciation with this institution is recalled with great pleasure, indeed, by all those who came in contact with him in any capacity, and the Superintendent desires to express his marked appreciation of the exceedingly valuable services which were so readily and constantly maintained during the time he has had charge of the gynaecological work of the institution. Always ready at short notice, and unquestionably sacrificing himself, in many ways, for the cause of the insane, Dr. Rawls has proved himself an honorable, conscientious, competent and congenial associate. His relations with the hospital were never marred by any differences, and the medical staff of the institution will look back upon his loss in the capacity referred to with great regret.

Dr. George Franklin Shiels still continues to assist us as heretofore, and his uniform courtesy, and great consideration for the interests of the hospital in this respect are sincerely appreciated.

I would also mention, that Dr. S. Busby Allen is still acting as oculist of the institution, and Dr. Frank Quackenbush, of Northport, as dentist; the latter two positions being salaried positions, as you are aware.

I record, with a great deal of pleasure, the addition of the names of a number of representative Long Island physicians upon the consulting staff of this hospital. At the time I assumed charge of the institution, we occasionally heard of criticisms on the part of certain of the Long Island physicians, concerning our appointing New York surgeons and physicians, almost exclusively, upon the consulting board of the hospital. It seemed to me at that time, that, in many ways, this was a fair criticism of the policy of the institution, and that everything else being equal, and that only, considering that this institution was distinctively a Long Island institution, it was only right to expect that we would have representative Long Islanders, especially Brooklyn men, appointed upon our consulting staff. While I had at that time a very extended acquaintance among the New York city members of the medical profession, it happened that I had not met a very large number of Brooklyn men, and as I wished to make conservative appointments to this portion of our staff, I desired to proceed very slowly in doing so, the result being that I gradually took the matter up, either directly with my friends, or by correspondence, and now, with a great deal of pleasure, report the appointment of the following gentlemen on the consulting staff of the Kings Park State Hospital.

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They are as follows:

Dr. Sylvester J. McNamara, vice Dr. R. M. Rawls, resigned, for gynaecology.

Dr. John A. McCorkle, for internal medicine.

Dr. H. H. Morton, for genito-urinary diseases.

Dr. John F. Fitzgerald, as consulting neurologist.

Dr. Dudley D. Roberts, as gastro-enterologist.

Dr. Julian W. Russell, as consulting odontologist.

Of these gentlemen, Dr. S. J. McNamara has kindly consented to visit the institution once a week during the active season to care for the operative work in gynaecology, as was done by Dr. Rawls previously. We sincerely appreciate the kind co-operation of the gentlemen named, and their readiness to make themselves of use to the people of the State in the manner described, when invited.

We look forward with much pleasure to the relations of the future with the gentlemen mentioned as our consulting staff, and trust that the relations they sustain may prove pleasant and agreeable to them.

OVERCROWDING

Such matters as relate to this caption are so fully set forth in the report of your Board this year, and have been so thoroughly gone over in last year's report, and other reports of the Superintendent, that I feel there is no necessity of enlarging upon the subject. The largest number in census at any one time during the past year was 3,237, on August 31st. The number as shown by the table in residence at the hospital on the 30th day of September, 1907, was 3,207. We are informed by the State Commission in Lunacy, that, during the coming season, they expect to transfer 400 cases to hospitals in the upper part of the State. Should this happen, it will afford very considerable relief for the time being, although, with the ordinary increase, I am afraid that it will not be long before the present number is again caught up with, and it would seem to me that the real need is for active steps to be taken, near at hand, for the reception of cases from this district and the surrounding country. Of the 400 we expect to transfer, we do not anticipate there will be more than 200, whose friends will not object to their being removed from the vicinity of Brooklyn; and inasmuch as these people are extremely poor, and accustomed to living in densely populated communities, like the tenement districts of the city, I believe it will be a

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

great hardship to remove them to inaccessible (from their standpoint) portions of the State in other State hospitals, and may cause a great deal of bitterness and feeling among thousands of very ignorant and very poor. I believe, that either new hospitals should be organized and opened elsewhere, accessible to the metropolitan district, or these existing institutions should be enlarged. Any of the larger institutions of the State, have long since reached a state, in which it was absolutely impossible for the Superintendent to have any close daily contact with any large number of the patients, the result being that the work of the Superintendent, on that account, has become largely executive, and, providing sufficient assistance of the right calibre is given, I see little disadvantage in extending the already overgrown hospital of the past era, and especially considering the great rise in the value of real estate within the past five years, and the great opposition, too, that the average outsider has to a State institution being located in his immediate vicinity, lest it interfere with real estate booms, and in other ways, I hardly see how the State could do better than by continuing to enlarge such of these institutions as are conveniently located as regards the center of distribution for the insane. Certainly, relief was hardly ever more needed, and it would seem as if this was seldom more urgent. We are occasionally allowed extra room to overcome exceedingly bad conditions, as was the case, for instance, in the building of solariums that were supplied on certain of our buildings; but, during this past year we found it necessary to utilize one or more of these same solariums for bed-room space, and believe that something radical should be done to secure much larger accommodations for actual relief.

Because of the many statements made in regard to the different State hospitals, but, of course, more particularly our own, in connection with the general matter of overcrowding, I desire to record my opinion, that in certifying the capacity of these institutions the Lunacy Commission, or ourselves, are likely to arrive at very erroneous impressions, unless some absolutely uniform method, calculating, not only cubic contents, but also the matter of ventilation through doors and windows, and other matters, shall be definitely arrived at, and exactly the same system employed for calculating the capacity of each and all of the institutions of the State. I believe, that in doing anything of this kind, the fairer way would be, to have a capable representative of the State Architect's office,

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

acting in conjunction with the Medical Inspector of the State, visit all of the institutions, and, upon some definite fixed plan, such as I referred to above, make a uniform calculation for each and all of the institutions, treating the sick and well on exactly the same basis as far as number of individuals is concerned. While much store is set upon the official certification of the capacity of the institutions — with all due respect to those who have assisted in making this up — I believe that it is not sufficiently exact, and arrive at this conclusion solely from the considerations and deductions made from this data. The figures for all hospitals should be made by the same committee, and upon the same rules, in every case.

Most of the information previously obtained, as I understand, was had from the hospital superintendents, each of whom must have naturally looked upon the matter from his own personal standpoint, each depending largely upon the development of conditions that had been brought about during a series of years, in which wide departures had been made from the older standards. After considering this information, and, visiting the hospitals, the official who made up our old data, in establishing the capacity of the institution I had charge of previously, looked the various wards over and then determined, in a more or less arbitrary way, how much overcrowding the hospital could possibly stand, and the total, arrived at in this way, was the certification for the institution, notwithstanding I had personally prepared figures on cubical contents, etc., and was able to demonstrate to him that the night air space had by the patients, if had as closed space, had long been at a very much smaller quantity than is shown as necessary by any of the authorities on hospital administration in past years. I do not mean to contend that these authorities were in all cases correct, nor that they had arrived at any absolutely fair and just standards for all cases. The fact is, I think, in the past the tendency had been rather to seek what would be called a thumb-nail rule for the consideration of matters of this sort in an off-hand way, and this led, for instance, to one thousand cubic feet of air space being spoken of as required for all cases, treated in an institution, for sleeping-rooms. While a thousand cubic feet of air space is desirable in all instances, yet, to some degree, the necessity for fresh air is limited by the amount of ventilation had, either through some ventilating system — which may be more or less perfect — and through the windows and doors. I contend that this

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

cannot be encroached upon very much for practical reasons, and, because of the great imperfections of all of the ventilating systems that have heretofore been known, each of which acts comparatively well only within a limited range of conditions, in considering this matter, it is very possible, that with a given amount of bed-room space, some of the older institutions have been too liberal in the allotment of dormitories, halls, etc., from the architect's standpoint, or, from the standpoint of expense only, though, I think we generally believe to-day, that, in the long run, it is very much better to expend a very much larger amount of money in first cost for the construction of buildings, than has been the case with some of our later construction. We must bear in mind that these institutions are built for use during a long period of years and not for the housing of patients in any one year, and that, therefore, any expenditures of this kind, instead of being charged against the capacity, as shown by the census of patients in actual residence at any one time, is, as a matter of fact, distributed among the many admissions of many years and later administrations of the government, and consequently, the loss by fire, and the matter of ordinary repairs, painting, etc., become matters of great moment, as, unless carefully considered and met satisfactorily, they largely increase the expenditures of later years, which might be obviated, to some extent, by a better construction.

In making recent data upon the overcrowding upon a given knowledge of the cubical contents of the rooms, halls, dormitories, etc., this information was computed, and we found that if we assumed that each patient was given a thousand cubic feet of air space for their use day and night, not including dining-rooms, except where the dining-room was a part of the ward, as would be the case in small cottages, that with the doors all open, as between the day-rooms, halls and bed-rooms, this hospital is suffering from an overcrowding of twenty-six per cent. If the same percentage was based upon sleeping-rooms only, excluding halls, corridors, and day-rooms, the overcrowding increases to fifty-four per cent, though, as matter of fact, we are obliged, on this account, to keep almost all of the doors and many of the windows open night and day, and to treat a very large amount of our hospital the same as if open dormitory conditions applied. For the purposes of comparison, and to see the range of conditions, I had figures made upon an assumed capacity of eight hundred cubic feet per patient, with doors open, and closed; with the doors all open

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the overcrowding is reduced to seven per cent, while with the doors closed at night it increases to forty-four per cent. In deciding whether certain cases shall not suffer more or less overcrowding, particular attention has, of course, had to be given to the actual physical and mental condition of the patients, though within too narrow limits because of lack of space. These matters, too, are ones that fluctuate constantly with the day to day transfers, and condition of health of the hospital, but certainly a comparison of facts contained in this data, and the working out of similar information in other institutions in this State, or elsewhere, may prove, eventually, of vast benefit.

AMUSEMENTS

In addition to the ordinary routine amusements as are usually chronicled — through the courtesy of Dr. G. A. Smith, Superintendent of the Central Islip State Hospital, to whom and to his people our sincere thanks are due — this institution was able to make an arrangement whereby the base-ball team of the Central Islip State Hospital played a certain number of games, during the season, alternating on their own grounds and ours when here representing the Kings Park State Hospital, using funds contributed by the State through its amusement fund, and supplementing this with private subscriptions among the officers and employes, and a series of remarkably interesting games of base-ball was furnished, all of which were largely attended by our patients, and it would seem to us that scarcely any other form of diversion for the patients has proved so successful. The other amusements were as usual.

GENERAL WORK, GROUNDS, ETC.

The general improvement of the grounds, as well as all the work of the institution, including even ward work, the exercise of patients, etc., has been exceedingly hampered at times during the past year because of our inability to keep our vacancies for attendants filled, and to secure employes who would work with them in the several capacities for which they were employed. Never, in twenty years' experience, have I known as much difficulty in securing an adequate amount of proper help, and while the business outlook for the coming year is so grave that we can hardly assume what this may bring with it, though it may bring relief because of so many people being obliged to seek other positions, we are at

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present in a position where it has become urgently necessary for some immediate steps to be taken, unless the business change, referred to, in itself, brings this, lest we get to where we will not have sufficient employes for the ordinary safety of our wards. We have at present about fifty vacancies, most of them being for women, while earlier in the season we had a very much larger number for men: in some cases, the number being so large, we were absolutely obliged to keep our working parties upon the wards, and even temporarily at times to double up our patients on the wards, as crowded as they were, though the latter happened infrequently, and, except for instances of a day or so at a time, we seldom were obliged to keep our patients from outdoor exercise. That this latter should be the case shows conclusively how extreme these conditions were. There was no lack of funds in the allowances made for these positions, but there was a positive dearth of applicants, notwithstanding that we advertised in papers scattered over the country from Maine to the Carolinas. Correspondence with some of the superintendents of other states, especially the New England states, revealed the fact that conditions in those localities were almost as bad as in ours. Should business improve, and this condition continue, the State will find itself obliged to take very active measures, indeed, towards meeting this difficulty.

The early spring was extremely unfavorable at this part of the State for farming and gardening, the spring being cold and wet, followed by a severe drought until some time in September, although since that time the weather has been unusually favorable, the result being that many of our early crops were almost total failures, though later ones averaged up very much better than we possibly could have expected.

The work of filling in the marsh in front of the hospital property on the Nissequoque river was actively begun during the past season, the narrow gauge track, previously given us by the Commission, being used to convey gravel and sand from one of the adjacent hillsides by means of dirt cars. In a few years we hope to make material impression upon the filling of this low land.

Several acres of land in the rear of the tin shop were drained and practically reclaimed, and more or less clearing of brush was performed back of the auxiliary boiler-house.

Considerable land was graded and loamed between the Group buildings and the upper reservoir, and the loaming of the terraces to the north of that site was completed. A great deal of grading

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and loaming was done about the new Employes' home and to the west of building "B," materially adding to the beauty of those surroundings, though it will take quite a while still for this to be completed.

From the allowance for cement walks, made by the last Legislature, a beginning was made upon the path to the south side of the main boulevard, and this is now well under way.

Some six hundred yards of new gutter have been laid between the Group and the upper reservoir, and many of our catch basins have been repaired, gutters also being repaired in many other places about the grounds.

The general work of trimming and keeping the lawns in order, handling of cars of coal, manure, ice, etc., harvesting of ice on the fresh-water pond to the extent of 1,500 tons; the caring for roads and ordinary farm and garden work was kept up during the year.

The meadows at the entrance of the grounds returned a most excellent yield of hay, and it is doubtful that we will need buy any during the coming year.

Considerable extra work was necessitated by reason of the destruction by fire last season of our main laundry, the loss of which is reported elsewhere in this report. The handling of these clothes, the delivery to the buildings, and to the railroad station, and those that were sent elsewhere, have nearly all increased the amount of teaming very considerably. While there was very much other work done of kinds and amounts too numerous to mention, the latter was so largely routine and incidental to the carrying on of a plant of this kind, that I hardly think it necessary to incorporate it in these notes, as it is familiar to you all and a matter of record on the books of the institution.

MATERIAL IMPROVEMENTS

Under special funds or general appropriations the following matters were acquired for the hospital during the past year, and we mention those of only larger amounts and, therefore, worthy of special record:

Small houses about eight feet square were provided for holding soiled clothes cans at Ward "45" and Ward "48," to prevent the necessity of leaving these unsightly receptacles exposed in the open air, and where their appearance would attract the unfavorable comment of outsiders and others who passed through the grounds.

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The buildings, while not especially ornamental, are a great improvement.

Although long delayed by other work, the renovating of the Employes' club is nearly completed, and the contractor is now engaged in putting on steel ceiling and wainscoting in some of the rooms. There were some of the rooms and hall that we were unable to obtain steel ceiling for, because of lack of appropriation, the plaster on them being nearly as bad as in those that were repaired. We hope at a later time that a comparatively small allowance of money will enable us to place the whole of this building in a condition of excellent repair. As soon as the rest of the work in hand can be finished and the building decorated, the building will be much more attractive than it has ever been in its history, and I feel sure will be greatly appreciated by all who use it. As the members of your Board know, it is used, not only as a club-house for the general employes, providing a music-room, card-rooms, billiard and pool parlors, etc., but there is also a barber, employed by the club, in the building, and facilities for the dentist to make his usual weekly visits to the institution, the club also employing a janitor, who maintains for them a small stock of confectionery, cigars and tobacco, which he sells, on behalf of the club members, to all of the employes. The club is maintained on a small monthly fee for dues by each of the members and, as I have previously stated in other reports, has not only been of great advantage to the institution in helping to keep up an interest in the affairs of the hospital among the general employes, and a pride in their own work, or otherwise to maintain an esprit de corps, on the other hand, there have never been any abuses growing out of the congregating of the employes, and misuse of the hospital and property. It has proven, by the recognition of the employes in this particular, that the club has been greatly appreciated by all, and they have shown that they have much pride in their surroundings, as people always do under like conditions.

A new air line was run from the air compressor to building "A" which enabled us to discontinue the use of one small air pump, and gives us a uniform pressure of air for operating the automatic controlling devices on our hot-water tanks.

Our operating-room in building "B" was completely remodeled during the past season, the walls being stripped and lathed with metal lath, coated with hard cement plaster and then painted with enamel paint. The floor in the main operating-room was relaid

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in tile, and a large bay window was constructed over the porch, so arranged, that it not only lets in a very much larger amount of light into the operating-room, but that it can readily be ventilated at any part. The sash in the sides of this bay window are glazed with prismatic glass, which acts to obscure the window so that no one can look in and still even more light is obtained in the room than would be the case with an ordinary form of glass. The openings to the side of the operating-room were fitted with doors opening with foot pressure, and the remainder of the fittings were remodeled and rearranged to much greater convenience for operating, etc., so that while the arrangement remains to some extent a makeshift, yet it is about as convenient and desirable as it could be made under the circumstances, and we are very much pleased with it.

The main portion of the bakery was receiled with wooden ceiling, as we were unable to keep the plaster ceiling from coming down on account of the spring to the floor caused by the weight stored upon the upper part from time to time.

A portion of the roof of cottage "G" was reshingled.

A new collar dampener and folder was purchased for the laundry.

Two No. 18 "Crucible" stoves were purchased, one for the tailor shop and one for the laboratory, where we had rather insufficient steam heat.

A slop sink was installed in "A" center toilet-room, and the other fixtures were altered to some extent, thereby improving this service considerably.

Four H. T. boilers at the Group boiler-house were retubed.

Four sets of two-horse bob-sleds were secured for the stable and farm, and two sets of "Acme" runners were secured for the stable.

Two one-horse snow plows were built to provide suitable paths for pedestrians in winter.

A number of additional dining-room tables and chairs were procured for buildings "A," "B," "C" and "D," the male dining hall and the Group dining-room, to supplement the previous equipment, because of the increase in the census of the institution.

A number of arm chairs were secured for the above reason in different parts of the hospital.

A steam roaster and two steam kettles for A-B kitchen and two steam kettles for C-D kitchen were bought to replace those cracked and unfit for further use.

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The gutters on the south side of the dairy barn were rebuilt.

The fire boxes of the H. T. boilers at the Group boiler-house were repaired.

The ceilings in the shops in the basement of the Group were covered with metal lath and plaster, and the electric light wires were rearranged to improve the fire protection of this building, upon the recommendation of the Board of Managers.

The roof of the sun parlor at the Group was extensively repaired by having the glass reset, and six large ventilators were inserted.

A number of additional articles were secured for fire protection, and the Commission recently authorized the purchase of 500 feet of additional hose, which will be had early in the coming year.

The floor of the male dining hall scullery was relaid.

Some small purchases were made in farm machinery.

Carpet material and carpet strips were also allowed us to replace those worn out in various places in the institution.

After careful examination into the method of burning coal, we have constructed a series of steam blowers for our various boilers in the boiler plant, and find that with a narrow grate opening, we are able to burn a much poorer grade of coal with even better results than when we burned the better quality heretofore, and figure, that we will make a very considerable saving on every ton of coal used for heating purposes in the institution the coming year. These blowers were constructed almost entirely out of old material saved from the drying-rooms after our laundry fire, although, supplemented by necessary fittings and grates that we had to purchase outside.

Special fund estimates have been allowed for window frames and sash for the basement windows of the men's and women's cottages.

A new work cabinet and special chemical table have been purchased for our laboratory.

A new steam line has been installed to the cold storage plant and "E" kitchen to replace one which had been in for a great many years, and was completely worn out.

The old outlet to the main sewer, which was made previously of board construction, and which was continually falling in, was finally repaired, a special allowance being given us by the Lunacy Commission for this, the work being done with tile pipe, thirty inches in diameter, which was carried to within some little dis-

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tance from the water, with the understanding that if this was not sufficient, that either a heavy iron or other outlet would be provided to prevent damage from the tide and ice, at a later period.

Following the destruction of our main laundry by fire, we asked the Commission for funds for the erection of a temporary laundry, and constructed a rough building of ordinary boards and tar paper, in which we were able to do all of the rough laundry work not requiring hand ironing. We also purchased one of the large type "Annihilator" mangles, and with this were able to iron sheets, table cloths, and many other things that could be run through this particular machine. The erection of this building, and the cost of the purchase of the machinery amounted to a number of thousand of dollars, and the latter will be available when we build a new permanent laundry, a good deal of the lumber in the old temporary structure being probably available for other purposes. We were so successful with this work that the Commission have since allowed us to extend the temporary structure, and to purchase additional machinery, and we propose to do all the laundry work of the institution on the site as soon as we have the building ready, which will save a large monthly bill for the laundry for the officers and employes of the institution, which latter has had to be done at a commercial laundry, outside, since the fire. The Commission, of course, could not replace the laundry building itself, except through special appropriation by the Legislature, but did allow us funds for not only the temporary laundry and machinery, referred to above, but also to replace such officers, employes and patients' clothing as was destroyed.

A new tin folding machine was secured for the tin shop.

Under special legislative appropriation, \$500 was allowed for cement walks. This work was begun at the close of the fiscal year. This will do about one-quarter of the work which we contemplated, and which is very desirable.

The Commission allowed an estimate for window guards for Ward "6" sun veranda, Wards "10" and "13" sun verandas, and certain of the windows of the men's and women's cottages, where previously employes had been quartered; this work was awarded, and the erection of the window guards is shortly expected.

As previously stated, an allowance was made for the purchase of new grate bars to enable us to burn the lower grade of coal by

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means of steam blowers, which we expect will make a very material saving in the cost of our fuel.

The laboratory building has been resheathed in order to make it warmer during the ensuing winter.

Last year the Legislature made us a special appropriation of \$8,000 for a system of outside lighting. We had understood at the time that the State Architect would expect us to do all of the work under our own electrical engineer, (who had been previously attached to the State Architect's office,) and with our own help, assisted by such additional labor as was necessary for us to call in. Later, however, and after our estimates had been made up on this basis, the State Architect and the Lunacy Commission decided to do this work by contract, the result being that certain of the work that we had hoped to carry through on the original estimate was thrown down, so that there would be money enough to allow the ordinary contractor's profit. The system resulting is extremely satisfactory, but we hope, that some time in the future, a few additional lights, here and there, may be added, and that some of the wire that is overhead may be run underground in conduit tubing.

The appropriation of a year ago of \$30,000, for a sewage disposal plant, was found to be inadequate by the engineers of the State Board of Health, and this work had to be suspended, under the law, until additional funds could be obtained, which latter, we hope, may be appropriated by the coming Legislature.

SUGGESTIONS AS TO FURTHER NEEDS, DESIRABLE IMPROVEMENTS, ETC., FOR THE COMING YEAR AND FUTURE

Under the above heading, we would include the list of improvements, betterments, etc., which we brought to the attention of the State Commission of Lunacy upon their semi-annual visit this fall. Many of these matters, we know, cannot be reached immediately. In the growth of an institution, as large as this institution has become, some things necessarily have to be altered, or improved, and others are outgrown, so that the completed whole is a matter of many years' building. A number of the items given, as will be seen, are matters for special legislative appropriation, and others, especially a number of the small items, are matters which, heretofore, have been covered and allowed out of the annual appropriation obtained by the State Commission in Lunacy for im-

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provements and betterments for the entire hospital service of the State. I make this statement, merely to explain that we do not necessarily expect to get any very large number of these items in the ensuing season, though we do hope, that the Legislature may make sufficiently liberal provision to care for as many of these matters as may be.

In considering items like some of these mentioned, especially additional accommodations for extra patients, new buildings for the treatment of the acute insane, the sick and surgical cases, etc., I believe, that it is necessary to constantly bear in mind the ultimate plan that may be determined upon for any one hospital, or for the hospital system of the State. We are constantly increasing in population in certain sections of this State, and this brings with it a demand for the care of the pro rata proportion of the insane in hospitals, located not too remotely from the particular district in which this increase occurs. In years gone by there have been, during periods when the accommodations have not been too largely outgrown, a large number of patients who were not visited and in many cases who had no friends whatever. With the general increase in the size of the other hospitals, these patients have been gradually transferred to other sections of the State of New York, and with them, to some extent, a few patients whose friends seriously objected to their being sent to a location where it became very inconvenient for them to be visited, because of the expense of transportation, etc. We are contemplating, at present, a transfer of a number of hundred insane, under the direction of the Lunacy Commission, to other hospitals in the State, to relieve the overcrowding at this hospital, but fear that only too small a number of them will be found not to have friends who will seriously object to this transfer. If these possibly were convicts, it would seem as if these objections would have comparatively little weight, but as they are sick, and, more than that, insane, the hardship to the friends and relatives in being prevented from seeing them at all after they once break down, even if they ultimately convalesce, and during periods in which it would be helpful, to a very large degree, for them to see their friends occasionally, and have the benefit of their sympathy, etc., I think it must be granted that for the future, the matter of either building new institutions, or extending these that are already erected, should be taken into very serious consideration. This being the case, and because, at the same time, certain of these matters that have been referred to by

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myself, might best be accomplished in connection with a movement for increasing the size of the institution, I would respectfully recommend to your Board that this subject be carefully considered with the purpose, should the Lunacy Commission decide to increase the Kings Park State Hospital, because of the demand for these patients, that these various matters of the erection of more suitable buildings, the purchase of additional land, the securing of better facilities or equipment, etc., etc., might all be considered at one time between your Board and the Lunacy Commission, and some definite plan arrived at that would be likely to cover at what we should aim at in the building up of this institution during the next ten years or so. It is my opinion, that if something of this sort is done, it will result in a more intelligent expenditure of the State's money for these purposes than would be the case if the proposition is not considered and treated in careful detail.

The following is a list of the needs:

Additional building for acute and hospital cases...	\$80,000 00
Additional accommodations for patients.	
Improving employes' quarters at stable.....	500 00
Purchase of additional land.....	15,000 00
Administration building and additional accommodations for medical staff.....	25,000 00
The construction of this building would provide accommodations for fifty-eight patients.	
Steel ceilings for wards.....	1,500 00
For constructing cement walks.....	500 00
Betterment of serving-room accommodations at Group, including building and equipment.....	4,200 00
Sewage disposal system, additional funds.....	20,000 00
Reappropriation	30,000 00
(\$30,000 has been previously appropriated for this purpose, but it is estimated that it will require \$50,000 for same.)	
For sinking test well, for extension of the water supply and for overhauling the present system, etc.	2,000 00
Additional funds for building a one-story laundry, together with steam disinfector, etc.....	11,900 00
New laundry machinery and equipment.....	18,000 00
One mangle, eight washing machines, two extractors, six drying cabinets, twenty station-	

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ary tubs, two shirt-ironing tables, sixty ironing boards, sixty electric irons and connections, one 60 h. p. engine, together with the necessary shafting, pulleys, belting and electrical connections.

Broken trap rock for repairing and recovering the main driveway of the hospital.....	\$1,500 00
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Fire-proof building for industries, steam heat, light, electrical connections and finished basement....	30,000 00
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We assume that a four-story building, with basement made out of cement, etc., would cost \$26,000. We have allowed \$4,000 for heating, lighting, cables, shafting, etc., necessary to fit up the building.

Installing an outside light on each side of the reservoir on main driveway.....	200 00
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In the contract for outside lighting no lights were provided for on the north and south sides of the reservoir. This causes very dark places on our main driveway and we desire to correct same.

Awnings for sun veranda of Cottage 28.....	40 00
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Eleven awnings are required for the sun veranda of Cottage 28 which was built a couple of years ago and for which no awnings have, as yet, been provided.

Watermains and hose connections for sprinklers for new lawns at Nurses' home.....	300 00
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There are no provisions, at present, for sprinkling the lawns at the new Nurses' home.

Building a shed over platform of wagon scales at the storehouse	170 00
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Nearly every winter our wagon scales at the storehouse become useless on account of the snow blowing into them and forming ice. Last winter for a period of several weeks we were unable to use these scales, and it is desired to build a house over them, the same as is used in coal yards and other places, to protect the scales and platform from the weather.

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Rosendale cement, in sacks, three sacks to barrel, 116 bbls., at \$1.20.....	\$139 20
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At the time of the laundry fire we had 350 sacks of Rosendale cement stored in the basement, which were required for completing the cement foundations of the men's and women's cottages and of the male dining-hall. The work on the men's and women's cottages had all been finished, with the exception of openings which we had left for the purpose of digging out the basements. We desire, therefore, to secure this cement so that we can go on and complete the work.

Enclosing the wagon shed in the rear of the coach barn and flooring the same, making it a part of the present carriage-room to store wagons in out of the weather.....	190 00
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The wagon-room at the coach barn is so small that there is not sufficient accommodation for vehicles. Therefore, it is desired to make this improvement.

New ceilings, walls, fixtures, etc., at storehouse....	410 00
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The old portion of our storehouse needs fitting up with fixtures. There should be a ceiling put in, the walls plastered, and provision made for keeping out the rats, which are very troublesome. This matter was brought to the attention of the Commissioners on the occasion of their official visit November 1, 1906, and the hospital understood that an estimate would be allowed for same. The estimate was covered by items 387 to 416, estimate 4, O-D, 1906, and was deferred.

Installing a pumping plant with pressure tank of 2,000 gallons capacity for operating hydraulic elevators, and repairing six old elevators.....	2,250 00
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Two extra boilers for high and low-pressure service at the main boiler-house.....	6,000 00
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An additional high-pressure boiler for the lighting service will probably be necessary another year, and in the event of any consid-

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erable building being done, such as the erection of an amusement hall, or an administration building, etc., it will be necessary to secure a low-pressure boiler for steam heating, as we have now reached our limit of boiler capacity for heating purposes.

Painting inside and outside.....	\$5,000 00
Changing the locks on corridor doors connecting wards; also the doors leading out of doors in all the buildings, the men's and women's cottages, morgue, tin shop, paint shop, tailor shop, blacksmith shop, green-house, storehouse, kitchens, bakery, laundry, carpenter shop, tool and oil-house, piggery, dynamo-room, electrician's shop and fire-house, a total of 441 locks, to a heavy bitted key, the same as is now used in the Nurses' home and at Central Islip State Hospital, so that a key of uniform pattern, operated by the same master key, will be used on all the buildings of the hospital.....	1,500 00
At present no provisions have been made for the heating of our Isolation cottage. We have a Mercer hot-water heater at the institution, in good condition, which can be used for this purpose. It is desired to build a basement under the Isolation cottage of suitable size to accommodate the heater and protect the hot-water pipes, and install this heater there and connect up same to the necessary radiators to keep the building warm in the event of its being necessary to use same during cold weather. The estimated cost of building the basement and installing the heater is.....	524 97
For renewing the present steam conduit from the Group boiler-house to the main conduit at Ward "48"	490 00

Unless the new boiler-house is speedily constructed it will be necessary to renew the steam conduit from the Group boiler-house next summer, as the steam and water lines of this boiler-house run through this conduit, which, at the present time, is an old wooden box which was in-

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stalled a number of years ago, and was put in to last but one winter. During the past winter this box was dug up in order to put a new top on it, and while this was being done we found that the entire sides were practically useless, as they had rotted and given away in a great many places so that they would not hold the supports of the pipes, and to hold the supports during the winter and to keep the piping from settling further we filled in a portion of the present box with sand, which was necessary, as the ten-inch steam line settled on one occasion to such an extent, that at this particular point it broke one of the flanges, and we had to shut off steam in the entire group of buildings from 12 A. M. to 11 P. M. on one day when the weather was cold. A new duct, with concrete sides and a bluestone cap, so that the pipes could be conveniently reached, would cost approximately \$490. The length of the conduit is 314 feet, but if the new boiler-house is to be speedily constructed we may be able to hold the present conduit until the work is completed.

Permanent boiler-house, instead of auxiliary plant at the Group.....	\$60,000 00
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Under the present operation of the steam plant, with the main boiler-house as far away from the point of distribution as is the case at present, there is a very considerable loss of heat through radiation, which loss, in a yearly aggregate, must be a very considerable one. The settings of six of our H. T. boilers at the main boiler-house are in poor condition and they will soon have to be reset, which would cost between \$3,500 and \$4,000. The cost of moving the boilers from their present location to the site of the temporary boiler-house near the new Group would be approximately \$4,000, but if they were taken down and reset during the next year it would not be long before they would

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again have to be moved, in order that the hospital would receive the full benefit in the change in location, for the reason that the auxiliary boiler-house is not located at the point of most considerable advantage. It is important, that, whenever the State is ready to take up the matter, a permanent boiler-house be erected for heating purposes at a point conveniently located to the north and east of Building "C," as, at this point, it will be most easy to get back the returns from condensation by gravity, but in affecting this, a complete change in the heating system, as far as the heating of the buildings is concerned, would have to be affected. This change would enable us to supply the principal part of the steam used much more directly, and with greatly increased economy, while the old plant could be used for furnishing the small amount of steam used at the eastern end of the grounds, for the laundry and other buildings at that point, as well as for electric lighting, and any change of this kind would have to be taken into consideration, with such plans as might be projected for the future, especially, if it was determined to construct any more buildings for patients at Kings Park. These matters are mentioned, in order that the advantages to be obtained, can be considered in connection with the matter of such necessary repairs as will undoubtedly have to be made to meet the actual present needs of the hospital.

Additional closets and urinals for mattress shop
and shoe shop.....

\$337 92

It is desired to provide two additional urinals, and three closets, for the use of the men working in the mattress shop and shoe shop, as the urinal and closet in use there are entirely inadequate for the patients and employes at work in these shops. At present we have fifty-one patients working there.

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For additional fire protection of the hospital, including house for fire department with hose tower, etc.	\$8,002 47
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There are several things to be considered as to the future needs in our electrical equipment, for, in an institution of this kind, there is always a steadily increasing demand for electricity for heat and power purposes, due to the necessity of constructing new buildings, and improvements, which, from time to time, it is found of advantage to the hospital to make. In the event of the erection of new buildings of any size our present equipment would be inadequate. It would, therefore, seem advisable for the hospital to begin planning, in connection with the future needs of the institution, for the purchase of a 150 K.W. 60 cycle single phase alternating current generator of the indicator type, direct connected to a 4-valve engine of the Corliss type, complete with exciter, voltage regulator and generator, switchboard and panels. With a unit of this kind we would be able to dispense with one of our present units, have power enough for our immediate future needs, besides having a unit which could be operated in parallel with other units which we might find necessary to install in the future. One of the most serious drawbacks to our present plant is that we are unable to operate our present equipment in parallel.

At the Group, blower engines are in use in connection with the heating system in the winter. These engines were installed about nine years ago, when the buildings were first opened, and have not operated satisfactorily, as they are not of a type of engine particularly adapted for this purpose. In connection with the future extension of our electrical system, it might be well to consider the advisability of substituting electric motors for driv-

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ing the fans, instead of the engines. This is merely made as a suggestion at this time, for, with our present facilities, we would not be able to supply the power from our plant, necessary to make this change.

The present telephone cable running to the Group is too small, and should be replaced with a new cable of ample capacity: 2,500 feet of 20 pr. dry paper cable, costing approximately \$500, would be required for this purpose. The old cable, which is now in use, can be used to advantage for improving the telephone service in other parts of the hospital.....

\$500 00

Reoxidizing the electroliers and fixtures in Group,

1,200 00

The electroliers and fixtures in the Group have corroded, due to the action of the salt air, and look unsightly and they need to be reoxidized.

Transformer, 20 K. W. capacity, in exchange for one burned-out transformer at the special repair exchange price quoted by the G. E. Co. May 19, 1907.....

102 00

It is desired to secure this transformer and place it in building "A" basement, to replace five small transformers which now control this building, as it will cause a more economical consumption of electricity on account of there being less loss of current in one large unit than with the five small units as at present. We will be able to use the smaller transformers, from time to time, in other parts of the institution.

Furniture, carpets, chairs, tables, etc., for wards and buildings

789 14

Fencing around the entire property of the State should be supplied, at as early a date as possible, in subsequent appropriations.

Facilities for hydrotherapy and baths should be supplied with any buildings for the acute insane, as well as clinic rooms, etc.

A much larger medical library should be had.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

VISITORS

The hospital has been visited by the State Commission in Lunacy; the members of the Board of Managers; Hon. Homer Folks and Rev. John C. York, of the State Charities Aid Association; Dr. William L. Russell, State Medical Inspector; Dr. G. A. Smith, Superintendent Central Islip State Hospital; Dr. E. B. Potter, of the Rochester State Hospital; Dr. W. M. L. Copling, of the State Board of Charities, Philadelphia, Pa.; Drs. Manchester, Dean and Tolfree, and Lieutenant Jackson, of the United States Navy; Dr. M. J. Thornton, of the United States Marine Hospital Service; Miss Alline, Inspector of Training Schools; Dr. Neff, Medical Director of the Philadelphia Hospital; Dr. Richardson, Superintendent of the Norristown State Hospital; Dr. Hawke, Physician in Charge, Philadelphia Hospital; Hon. and Mrs. James McKeen.

ACKNOWLEDGMENTS

The Brooklyn Daily Eagle, Brooklyn Citizen, Brooklyn Standard Union, Northport Journal, Greenport Watchman and Elizabethtown Post have been regularly received and much appreciated.

In accordance with our usual custom, late in November we sent a circular letter to the correspondents of all of the patients in the hospital, asking that they remember their friends with a gift of some kind at the holiday season. In response to this letter we received most generous contributions of clothing, money, etc., not only for the friends of the contributors, but for those who were without friends or whose friends were unable to remember them at this season, and to all those who so kindly remembered us at the holiday season we extend our appreciation and thanks.

RESIDENT OFFICERS

Dr. F. B. Baldwin was appointed medical interne October 3, 1906.

Dr. Gordon M. Gibson resigned as junior physician on November 30, 1906.

Dr. Donald L. Ross was transferred from Craig Colony to the position of junior physician at this hospital January 5, 1907.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Dr. F. B. Baldwin resigned as medical interne January 17, 1907.

Dr. Edward P. Powers was appointed medical interne on February 1, 1907, and was promoted to junior physician May 28, 1907.

Dr. Charles H. Meade resigned as medical interne March 4, 1907.

Miss Marie Ferrier resigned as matron May 4, 1907.

Dr. Nishan A. Pashayan, junior physician, was transferred to a similar position at the Manhattan State Hospital May 10, 1907.

Dr. Donald L. Ross resigned as junior physician May 20, 1907.

Dr. James J. Shea was appointed medical interne May 24, 1907.

Dr. Arthur E. Soper was appointed medical interne June 1, 1907.

Dr. C. J. Patterson resigned as junior physician June 3, 1907, to enter general practice.

Dr. John I. McKelway, assistant physician, resigned June 30, 1907, to assume charge of Glenmary Sanitarium.

Dr. George E. Teehan was appointed medical interne July 6, 1907.

Dr. DeWitt C. MacClymont, assistant physician, resigned August 1, 1907, to enter general practice.

Dr. J. Albert Pritchard was transferred from Willard State Hospital to the position of assistant physician at this hospital August 22, 1907.

Dr. Arthur E. Soper resigned as medical interne September 30, 1907.

The following changes have occurred on the Consulting Board of this hospital:

Dr. R. M. Rawls, general surgery, resigned.

Dr. George Franklin Shiels appointed consulting surgeon.

Dr. Sylvester J. McNamara appointed consulting gynaecologist.

Dr. J. A. McCorkle appointed consultant in internal medicine.

Dr. H. H. Morton appointed as consultant in genito-urinary diseases.

Dr. John F. Fitzgerald appointed as consulting neurologist.

Dr. Dudley D. Roberts appointed as consulting gastro-enterologist.

Dr. J. W. Russell appointed as consulting odontologist.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

In concluding this report I desire again to express my thanks for the many courtesies received from the members of the State Commission in Lunacy, the visitors of the State Charities Aid Association and the members of the Board of Managers, as well as from the various officers and employes.

Very respectfully yours

WM. AUSTIN MACY

Superintendent

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TREASURER'S REPORT

Receipts

Balance October 1, 1906:

Salaries	\$19 18
Wages	447 15
Supplies	6,921 94
Manufacturing Department	2,592 06
From Comptroller for salaries	25,553 94
From Comptroller for wages	185,938 31
From Comptroller for supplies	336,919 08
From reimbursing patients	28,910 25
From steward's sales	2,018 83
From attorney's returns	275 00
From uniform material sales	91 80
Refunds — wages unclaimed	146 86
Refunds — supplies accounts	103 08
From Comptroller — special funds	49,222 74
From refunds — special funds	1 06
From Manufacturing Department receipts	8,738 15
Total receipts	\$647,899 43

Disbursements

For salaries	\$25,573 12
Wages	186,532 32
Provisions and stores	\$199,828 77
Ordinary repairs	14,439 55
Farm and grounds	9,558 45
Clothing	19,394 21
Furniture and bedding	14,899 15
Books and stationery	3,209 75
Fuel and light	59,326 07
Medical supplies	4,111 54
Miscellaneous expenses	16,396 89
Transportation of patients	2,831 65
	343,996 03

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Uniform materials	\$39 87
Extraordinary improvements, Ch. 702, L. 1905,	39 23
Extraordinary improvements, Ch. 686, L. 1906,	48,258 62
Extraordinary improvements, Ch. 564, L. 1907,	908 70
Extraordinary improvements, Ch. 578, L. 1907,	17 25
Manufacturing (Mfg. Fund).....	8,136 70
Remitted State Treasurer, Ch. 580, L. 1899.....	31,204 08
Remitted State Treasurer, Ch. 561, L. 1907.....	3,193 51
Total disbursements	\$647,899 43

GENERAL REVIEW OF STATE HOSPITALS

MEDICAL REVIEW

Number of physicians, including internes.....	15
Ratio of physicians to service.....	1 to 208
Annual per capita cost of medical service.....	6.524

EMPLOYES

Total number of employes.....	537
Ratio of all employes to patients.....	1 to 5.823
Ratio of attendants to patients.....	1 to 8.567
Annual per capita cost of all employes.....	49.22
Estimate 1, pro rata cost of purchasing, Steward's Department	.266
Estimate 2, pro rata cost of purchasing, Steward's Department	.377

FUEL AND LIGHT

Total cost	Per capita	Total tons	Average price
\$58,356 04	\$18.661	15,247 13/20	\$4.866

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

STATEMENT SHOWING AMOUNTS EXPENDED UNDER
CHAPTER 635, LAWS OF 1904; CHAPTER 702, LAWS
OF 1905; CHAPTER 686, LAWS OF 1906, AND CHAP-
TER 564, LAWS OF 1907, FOR SPECIAL FUND
IMPROVEMENTS FROM OCTOBER 1, 1906, TO SEP-
TEMBER 30, 1907, INCLUSIVE.

CHAPTER 635, LAWS OF 1904

Sanitary floor, wooden cottages.....	\$1,174 52
Nurses' home	11,473 46
Picture moulding for Nurses' home.....	10 87
Total	<u>\$12,658 85</u>

CHAPTER 702, LAWS OF 1905

Electric lights for basements of buildings "A," "B," "C" and "D".....	\$4 23
Concrete foundations, wooden cottages.....	35 00
Total	<u>\$39 23</u>

CHAPTER 686, LAWS OF 1906

Rendering tank and boiler.....	\$181 08
Awnings for sun verandas on buildings "C" and "D"	420 00
Installing radiators and piping in sun verandas of Cottages 24 and 28.....	24 18
Ceiling, painting and varnishing of main laundry,	474 25
Furniture	962 46
Inspection	119 13
Engineer	161 36
Installing steam radiators in new staff laundry....	89 90
Improvements in operating-room.....	1,161 97
Additional window guards for Group.....	1,578 00
Fire escapes, Ward 45	1,420 54
Blankets and sheets for increased census	1,836 27

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Additional steam heating for Wards 10 and 12, building "C"	\$581 02
Repairing main sewer	2,087 88
Electric lights for attics of buildings "A," "B," "C" and "D"	335 92
Cellar frames and sash for basements of Men's and Women's cottages	154 45
Work cabinet, table, etc., for laboratory.....	77 57
Concrete foundation for male dining-hall	11 49
New steam line to cold-storage plant and "E" kitchen	546 04
Tracer	13 44
Architectural draughtsman	467 33
Construction of temporary laundry	11,066 34
Miscellaneous articles for laundry.....	137 37
Button-hole machine	160 00
To replace the clothing, bedding, table linen, etc., destroyed in laundry fire, November 27, 1906...	3,994 34
Clothing of officers and employes destroyed in laundry fire, November 27, 1906.....	2,028 49
Appropriation for outside lighting.....	4,072 41
Fire in building "A".....	1,408 98
Total	\$35,572 21

CHAPTER 564, LAWS OF 1907

Improvements in operating-room	\$13 14
To replace patients' clothing destroyed in laundry fire, November 27, 1906.....	75 02
Addition to temporary laundry	764 73
Blowers for boilers	19 40
Oil tank for dynamo-room	3 75
Portable stoves and telephone transmitter.....	29 52
Sheathing for laboratory	3 14
Total	\$908 70

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

Article	Quantity	Average cost	Per capita
Fresh meats, pounds.....	541,962	\$0.089	\$15.425
Wheat flour, barrels.....	4,176	3.87	5.16
Butter, pounds	125,165	.2544	10.147
Cheese, pounds	20,053	.125	.801
Condensed milk, quarts...	102,320	.169	5.529
Eggs, dozens	59,281½	.2068	3.9205
Tea, pounds	10,500	.1378	.462
Coffee, pounds	32,521	.1075	1.118
Sugar, pounds	159,200	.0464	2.362
Whiskey, gallons	90	2.00	.057
Coal, bituminous, tons....	4	5.50	.007
Coal, stove, tons.....	731 9/20	5.35	1.251
Coal, pea	14,512 4/20	3.75	17.403

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	1,278	1,517	2,795
Admitted during year ending September 30, 1907.....	379	687	1,066
On original commitments:			
From residences and Kings county hospital.....	366	364	730
By transfers from other institutions for insane.....	13	323	336
Total.....	379	687	1,066
Total number under treatment during year..	1,657	2,204	3,861
Daily average population.....	1,319	1,808	3,127
Capacity of institution.....			2,834
Discharged during year:			
As recovered.....	99	101	200
As improved.....	61	33	94
As unimproved.....	25	40	65
As not insane.....	1		1
Died.....	128	166	294
Whole number discharged during year.....	314	340	654
Remaining October 1, 1907.....	1,343	1,864	3,207

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening, October 1, 1895.

Total acreage of grounds and buildings, 889.74 $\frac{2}{3}$.

Value of real estate, including buildings, \$3,796,989.08.

Value of personal property, \$187,201.74.

Acreage under cultivation, 299.

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$7,388 27
From State Treasury for maintenance on estimates 1 to 12, inclusive	548,411 33
From private patients	.00
From reimbursing patients	28,910 25
From all other sources.....	2,635 57

Total receipts for maintenance..... \$587,345 42

Total receipts from State Commission in Lunacy for extraordinary improvements	\$49,222 74
From all other sources.....	1 06
Total receipts from manufacturing fund.....	8,738 15
Balance on hand October 1, 1906, manufacturing fund	2,592 06

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$25,573 12
Estimate No. 2. For wages	186,532 32
Estimate No. 3. For provisions and stores.....	199,828 77
Estimate No. 4. For ordinary repairs.....	14,439 55
Estimate No. 5. For farm and grounds.....	9,558 45
Estimate No. 6. For clothing of patients.....	19,394 21
Estimate No. 7. For furniture and bedding....	14,899 15
Estimate No. 8. For books and stationery.....	3,209 75
Estimate No. 9. For fuel and light.....	59,326 07
Estimate No. 10. For medical supplies	4,111 54
Estimate No. 11. For miscellaneous expenses...	16,396 89
Estimate No. 12. For transportation	2,831 65

Total disbursements, estimates 1 to 12, inclusive..... \$556,101 47

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Concluded)

Estimate No. 6. Uniform materials	\$39 87
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	49,223 80
Total disbursements during year, manufacturing fund	8,136 70
Remitted State Treasurer	34,397 59

Balances October 1, 1907:

General maintenance fund	.00
Manufacturing fund	.00
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	3.419

Maximum rate of wages paid attendants:

Men	\$30 00
Women	22 50

Minimum rate of wages paid attendants:

Men	\$22 00
Women	16 00

Proportion of day attendants to average daily population	1 to 10.25
Proportion of night attendants to average daily population	1 to 52.12
Percentage of daily patient population engaged in some kind of useful occupation.....	52.83
Estimated value of farm and garden products during year	\$17,979 47
Estimated value of articles made or manufactured by patients during year.....	42,833 30

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPO- SITION			Un- as- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc)	3	33	36	1	.....	1	35
Mental strain, worry and overwork (not included in above)	11	6	17	.....	5	5	12
Religious excitement . . . . .	.....	1	1	.....	.....	.....	1
Love affairs (includ- ing seduction) . . . . .	.....	5	5	.....	2	2	3
Fright and nervous shock . . . . .	.....	3	3	.....	.....	.....	.....
Physical:							
Intemperance	41	12	53	2	.....	2	51
Venereal diseases	15	1	16	.....	.....	.....	16
Masturbation	5	2	7	1	.....	1	6
Pregnancy . . . . .	.....	11	11	.....	1	1	10
Parturition and puer- perium . . . . .	.....	10	10	.....	2	2	8
Change of life . . . . .	.....	5	5	.....	.....	.....	5
Privation and over- work	2	8	10	2	.....	2	8
Epilepsy	5	28	33	1	6	7	26
Old age	9	33	42	.....	1	1	41
Abuse of drugs . . . . .	.....	3	3	.....	.....	.....	3
All other bodily dis- orders and ill health	4	8	12	.....	2	2	10
Hereditary	18	74	92	18	74	92	.....
Congenital defect . . . . .	.....	4	4	.....	.....	.....	4
Unascertained	265	440	705	5	17	22	683
Not insane	1	.....	1	.....	.....	.....	1
Total	379	687	1,066	30	110	140	926

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1905

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1905		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity	60	39	2	106	77	2
General paralysis	63	.....	49	164	.....	131
Senile insanity	28	.....	10	28	.....	10
Epilepsy with insanity	37	6	24	78	17	34
Imbecility, idiocy with insanity	24	3	.....	36	13	2
Other psychoses	853	152	209	1,837	425	499
*Not insane	1	.....	.....	7	.....	.....

* Includes cases of alcoholism, drug habit, etc.

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1900

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1900					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	30	33	63	3	.....	3	139	162	301	17	1	18
One to three months.....	17	16	33	28	17	45	96	103	199	125	63	188
Three to six months.....	5	8	13	37	26	63	36	56	92	154	139	293
Six to nine months.....	3	4	7	18	28	46	20	13	33	95	136	231
Nine months to one year.....	2	5	7	7	9	16	15	23	38	41	79	120
One year to eighteen months..	5	5	10	2	9	11	11	14	25	37	64	101
Eighteen months to two years..	3	2	5	1	1	2	5	8	13	12	19	31
Two to three years.....	6	1	7	3	7	10	15	9	24	22	38	60
Three to four years.....	1	.....	1	.....	2	2	7	1	8	10	12	22
Four to five years.....	.....	1	1	.....	1	1	1	2	3	3	7	10
Five to ten years.....	.....	.....	.....	.....	1	1	2	1	3	12	6	18
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	.....	1	1	3	3	6
Unascertained.....	27	26	53	.....	.....	.....	281	177	358	.....	.....	.....
Total.....	99	101	200	99	101	200	528	570	1,098	528	570	1,098

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1900

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Erysipelas.....		2	2	4	2	6
Septicemia and pyemia..	3	2	5	14	14	28
Dysentery.....	1	5	6	24	35	59
Tuberculosis.....	13	22	35	92	147	239
Constitutional diseases:						
Diabetes mellitus and dia- betes insipidus.....		3	3	.....	4	4
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and oesophagus.....		2	2	22	4	4
Diseases of the stomach..	1	2	3	4	8	12
Diseases of the intestines	1	11	12	39	69	108
Diseases of the liver....	1	1	2	4	4	8
Diseases of the perito- neum.....	1	.....	1	3	1	4
Diseases of the respiratory system:						
Diseases of the nose and larynx.....				1	.....	1
Diseases of the bronchi...	2	5	7	24	21	45
Diseases of the lungs....	29	52	81	103	102	205
Diseases of the circulatory system:						
Diseases of the pericar- dium.....				1	6	7
Diseases of the heart....	4	9	13	31	72	103
Arterio-sclerosis.....	12	12	24	35	38	73
Aneurism.....				1	.....	1
Diseases of the blood, and ductless glands:						
Diseases of the genito- urinary system.....	10	16	26	33	68	101

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Diseases of the nervous system:						
Diseases of the nerves.....					1	1
Diseases of the spinal cord.....				1		1
Diseases of the meninges.....	1		1	5	8	13
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage, and other gross lesions).....	3	4	7	19	23	42
Epilepsy.....	4	3	7	21	16	37
Mental diseases:						
Exhaustion of acute mental disease.....	1	2	3	26	39	65
Exhaustion of chronic mental disease.....						
General paralysis of the insane.....	34	8	42	217	50	267
Accident.....	1		1	5	1	6
Surgical and gynecological diseases and diseases of the skin.....	1	2	3	1	2	3
Malignant new growths or cancer.....	5	3	8	15	20	35
Total.....	128	166	294	724	757	1,481

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1900

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	12	35	47	95	107	202
Maternal branch.....	15	40	55	81	139	220
Paternal and maternal branches.....	1	2	3	17	17	34
Collateral branches.....	16	41	57	118	168	286
No hereditary tendency..	253	424	677	1,135	1,301	2,436
Unascertained.....	82	145	227	560	587	1,147
Total.....	379	687	1,066	2,006	2,319	4,325

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1900

CIVIL CONDITIONS	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Single.....	224	289	513	981	932	1,913
Married.....	128	278	406	793	994	1,787
Widowed.....	22	106	128	191	349	540
Divorced.....	1	1	2	2	7	9
Unascertained.....	4	13	17	39	37	76
Total.....	379	687	1,066	2,006	2,319	4,325

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 10

Showing degree of education of patients admitted during the current year
and since October 1, 1900

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Collegiate.....	3	7	10	37	20	57
Academic.....	10	10	20	38	53	91
Common school.....	258	478	736	1,232	1,483	2,715
Read and write.....	77	62	139	184	212	396
Read only.....	2	17	19	32	60	92
No education.....	20	48	68	78	150	228
Unascertained.....	9	65	74	405	341	746
Total.....	379	687	1,066	2,006	2,319	4,325

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1900

	YEAR ENDING SEPTEMBER 30, 1907			[SINCE OCTOBER 1, 1900		
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT
	Men	Women	Total	Men	Women	Total
Under one month.....	14	16	30	10	22	32
One to three months.....	16	6	22	16	11	27
Three to six months.....	12	11	23	18	23	41
Six to nine months.....	5	5	10	11	11	22
Nine months to one year.....	3	10	13	7	13	20
One year to eighteen months.....	8	9	17	9	13	22
Eighteen months to two years.....	1	9	10	5	3	8
Two to three years.....	14	11	25	12	6	18
Three to four years.....	3	6	9	3	8	11
Four to six years.....	5	9	14	7	7	14
Six to ten years.....	2	3	5	11	28	39
Ten to twenty years.....	2	5	7	14	9	23
Twenty years and over.....	2	14	16	5	12	17
Unascertained.....	41	52	93	.....	.....	.....
				301	308	609
	128	166	294	128	166	294
				724	757	1,481
Average duration of insane life (years and tenths).....			5.5 6.08			4.3 6.3
			5.7			5.3

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1900

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.				4		4
From 15 to 20 years.	27	21	48	120	112	132
From 20 to 25 years.	57	66	123	239	279	518
From 25 to 30 years.	49	97	146	248	294	542
From 30 to 35 years.	62	96	158	286	296	582
From 35 to 40 years.	49	87	136	278	340	618
From 40 to 50 years.	61	139	200	380	448	828
From 50 to 60 years.	37	75	112	233	262	495
From 60 to 70 years.	21	70	91	139	169	308
From 70 to 80 years.	11	28	39	68	96	164
From 80 to 90 years.	5	8	13	11	23	34
Total.	379	687	1,066	2,006	2,319	4,325

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1900

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.	10	6	16	45	47	92
From 20 to 30 years.	24	28	52	136	182	318
From 30 to 40 years.	31	30	61	154	159	313
From 40 to 45 years.	14	24	38	103	103	206
From 50 to 60 years.	11	9	20	57	47	104
From 60 to 70 years.	5	4	9	23	27	50
From 70 to 80 years.	4		4	10	4	14
Total.	99	101	200	528	597	1,098

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1900

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years.....	3	.....	3	8	4	12
From 20 to 25 years.....	2	3	5	24	18	42
From 25 to 30 years.....	4	7	11	30	35	65
From 30 to 35 years.....	11	13	24	63	56	119
From 35 to 40 years.....	18	5	23	95	74	169
From 40 to 50 years.....	27	26	53	189	136	326
From 50 to 60 years.....	17	32	49	111	129	240
From 60 to 70 years.....	25	39	64	124	156	280
From 70 to 80 years.....	15	32	47	65	116	181
From 80 to 90 years.....	6	8	14	16	29	45
From 90 to 100 years.....	.....	1	1	.....	2	2
Total.....	128	166	294	724	757	1,481

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	54	78	132
One to three months.....	46	66	112
Three to six months.....	40	35	75
Six to nine months.....	28	26	54
Nine months to one year.....	22	22	44
One year to eighteen months.....	11	23	34
Eighteen months to two years.....	12	28	40
Two to three years.....	15	43	58
Three to four years.....	9	29	38
Four to five years.....	6	32	38
Five to ten years.....	10	60	70
Ten to fifteen years.....	3	52	55
Fifteen to twenty years.....		16	16
Twenty to thirty years.....	1	25	26
Thirty years and upwards.....	1	10	11
*Not insane.....	1		1
Unascertained.....	120	142	262
Total.....	379	687	1,066

* Includes cases of alcoholism, morphia habit, etc.

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	33	24	57
One to three months.....	39	52	91
Three to six months.....	75	117	192
Six to nine months.....	38	48	86
Nine months to one year.....	48	199	247
One year to eighteen months.....	127	125	252
Eighteen months to two years.....	31	56	87
Two to three years.....	67	142	209
Three to four years.....	68	96	164
Four to five years.....	66	105	171
Five to ten years.....	404	492	896
Ten to fifteen years.....	183	150	333
Fifteen to twenty years.....	97	114	211
Twenty to thirty years.....	54	103	157
Thirty years and upwards.....	13	41	54
Total.....	1,343	1,864	3,207

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1900

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physi- cians, lawyers, archi- tects, artists, authors, civil engineers, survey- ors, etc.		1	1	73	8	81
Commercial:						
Bankers, merchants, ac- countants, clerks, sales- men, shopmen, shop- keepers, stenographers, typewriters, etc.	62	.....	62	330	6	336
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	13	.....	13	61	.....	61
Mechanics at outdoor vo- cations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	33	.....	33	277	.....	277
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, composers, weav- ers, tailors, bakers, etc.	82	.....	82	331	3	334
Domestic service:						
Waiters, cooks, servants, etc.	10	213	223	51	562	613
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc. ....	.....	296	296	7	1,224	1,231

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales- women, stenographers, typewriters, etc.		17	17	4	60	64
Employed in sedentary oc- cupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.		48	48	20	135	155
Miners, seamen, etc.	13		13	70		70
Laborers.	75		75	539		539
No occupation.	68	93	161	190	282	472
Unascertained.	23	19	42	73	39	112
Total.	379	687	1,066	2,006	2,319	4,325

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1900

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Alsace Lorraine					1	1
Austria	7	13	20	33	39	72
Australia				26	26	52
Armenia					1	1
Bavaria				2	1	3
Belgium				2		2
Bohemia					1	1
Born at sea				1		1
Canada	7	3	10	24	13	37
China	2		2	4		4
Cuba						1
Denmark	3	4	7	8	12	20
England	9	19	28	66	61	127
Finland		5	5		9	9
France	1	3	4	8	4	12
Germany	26	66	92	229	286	515
Gibraltar	1		1	1		1
Greece				2		2
Holland				1		1
Hungary	1	8	9	13	15	28
Ireland	16	124	140	219	413	632
Italy	15	10	25	66	42	108
Japan				2		2
Lithuania					1	1
Mexico				1		1
Moravia					1	1
Newfoundland				1		1
Norway	2	9	11	20	26	46
Nova Scotia				1	3	4
Poland	3	1	4	20	7	27
Prussia					1	1
Porto Rico				1		1
Roumania	2	3	5	3	4	7
Russia	20	30	50	99	116	215
Scotland	6	5	11	20	20	40
Spain				2		2

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 — (Concluded)

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1900		
	Men	Women	Total	Men	Women	Total
Sweden.....	4	9	13	36	49	84
Switzerland.....		2	2	6	9	15
Syria.....	2		2	2	2	5
Turkey.....	1	1	2	2	1	3
United States.....	246	363	609	1,084	1,152	2,236
Unknown.....	2	8	10	13	23	36
Venezuela.....					1	1
Wales.....		1	1	1	2	3
West Indies.....	3		3	11	3	14

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	1,000		1,000
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	25		25
New York.....	8		8
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....	1		1
Orleans.....			
Oswego.....			
Otsego.....			

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam.....			
Queens.....	3		3
Rensselaer.....			
Richmond.....	2		2
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	2		2
Suffolk.....	25		25
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Soldiers' Home.....			
Total.....	1,066		1,066

KINGS PARK STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC		
	Men	Women	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	1,055	1,379	2,434
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....	35	33	68
New York.....	148	384	532
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....	1		1
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			

KINGS PARK STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC		
	Men	Women	Total
Queens.....	30	30	60
Rensselaer.....			
Richmond.....	19		19
Rockland.....			
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	2		2
Suffolk.....	53	38	91
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....			
Yates.....			
Unascertained.....			
Total.....	1,343	1,864	3,207

THIRD ANNUAL REPORT
OF THE
BOARD OF MANAGERS
OF THE
MANHATTAN STATE HOSPITAL
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907

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J. T. W. ROWE, M. D.

Second Assistant Physicians

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DWIGHT S. SPELLMAN, M. D.

Assistant Physicians

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JOHN L. WASHBURN, M. D. PHILIP SMITH, M. D.

PHILIP C. WASHBURN, M. D. SAMUEL W. HAMILTON, M. D.

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Woman Physician

ANNA E. HUTCHINSON, M. D.

Medical Internes

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HARRY B. AVERY, M. D. JOHN W. KEELER, M. D.

Assistant for Autopsies

GLANVILLE Y. RUSK, M. D.

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F. A. WHEELER.

Assistant Steward

LEWIS WEBB.

Resident Steward

EDWARD F. LAWRENCE.

Matron

ANNIE F. JESTLEY.

REPORT

NEW YORK, N. Y., *October 31, 1907.*

To the Honorable State Commission in Lunacy:

The Board of Managers of the Manhattan State Hospital for the Insane has the honor to submit herewith its annual report for the year ending September 30, 1907, together with the report of the superintendent covering the essential facts in the history of the institution for the past year, and the statistical tables.

Notwithstanding the fact that a large number of transfers to other institutions for the insane were made, the hospital remains greatly overcrowded. The superintendent reports that on the first of October there was an overcrowding on the men's side of over 30 per cent, and on the women's side of over 25 per cent, while the overcrowding for the whole institution was over 27 per cent. As he points out, had the institution been compelled to receive all the patients from our hospital district, the percentage would have been very much higher. This condition urges us to emphasize the necessity for increased accommodations for the insane of the metropolitan district.

The city in all its boroughs is growing very rapidly, and provision for the increased number of insane has not been provided. We trust that the present Legislature may not only provide a site for an additional hospital, but also the funds necessary to begin the erection of a new institution. Some of the reasons for retaining Ward's Island as a proper site for a State hospital for the insane are as follows:

First. The insane are deprived, by reason of the visitation of insanity, of being wage earners, and, therefore, the families who are dependent upon the former wage earners have not the means to visit the patients in an institution far away from the city. This applies particularly to recent cases before the families can adjust themselves to the new conditions.

Second. There should be one institution for the insane of the metropolitan district situated so conveniently to the city as to

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

have associated with it on its consulting board prominent men in the profession, who can consult with the resident physicians and advise them on special matters of a medical nature.

Third. Being connected as we are with the Pathological Institute of the State service, the scientific work of the institution is stimulated by it, and, furthermore, an additional stimulus would be given by the institution being located in a medical center.

Fourth. A proper knowledge of insanity is necessary to a prevention of the disease whenever possible. Hence it becomes advisable to have an institution so situated that students in medicine may be educated not only in the theory, but also in the practical side of such an important subject, and this can only be done by a course of clinical instruction. At present the Manhattan State Hospital offers clinical instruction through various physicians to the medical schools of the city.

These reasons were given to the executive committee of the Committee on Hospitals, appointed by his honor, the mayor of New York city, to consider the whole hospital situation, and this executive committee having made a thorough visitation of the buildings and grounds of the institution, recommended that the city should grant an extension for not less than fifty years, provided the State on its part, in consideration of such a lease, would construct on Ward's Island a modern hospital for the insane for the care of the insane poor of the city of New York, the plans to be approved by the Board of Estimate and Apportionment of the city of New York. The reasons for this report were that it was desirable to care for the insane at a point easy of access by the friends and relatives, as well as by those interested in the care of the insane, professionally and otherwise, and, furthermore, because the cost in any event will be borne mainly by the city.

Effort will be made during the first quarter of the new fiscal year to have a conference between his honor, the mayor of the city, the president of the State Commission in Lunacy, the president of the Board of Managers of the Manhattan State Hospital, the superintendent of the hospital and the chairman of the city committee on hospitals, to consider the extension of the lease.

It is gratifying to the Board to learn that so much has been accomplished by the State Charities Aid Association in its after-care work.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

The necessity for the improvements suggested has been fully considered by this Board in conference with you as provided by statute, and the Board is of the opinion that the appropriations asked for are essential in maintaining the proper standard of the institution.

In this connection it seems appropriate to call your attention to the necessity of a sufficient appropriation for the maintenance of the hospital for the coming year. The Legislature in its last session departed from the former method of making a lump appropriation for the maintenance of all the insane and substituted therefor a fixed sum for each institution. For this hospital it based its appropriation on an average population of 3,700 patients and a per capita of about \$163, and this per capita was several dollars less than for the year ending September 30, 1905, and over \$9 less than for the past year. In all probability the average population will be several hundred more than estimated by the finance committee of the Senate, as we had remaining in the hospital on the first of October, 1907, 4,493 patients. Furthermore, in figuring on a decrease of population an allowance should always be made for certain fixed charges which remain the same whatever the population may be. These fixed charges include the heating of buildings, the ordinary repairs, the lighting, and the maintaining of a proper force of employes on its wards.

It must be apparent to you that, as a result of these facts, an additional appropriation is necessary in order to carry on properly the work of the hospital for the year beginning October 1, 1907, and ending October 1, 1908, and we respectfully urge that every effort be made to provide against a shortage, for, if we have to live under the present appropriation, we will be compelled not only to have an insufficient number of employes on our wards, but will have to make other changes, which would result in lowering so materially the standard of care as to work hardship to the patients. The character of the medical work would have to be changed, and the care given to acute cases could only be that given to the custodial class, and the institution on its material side would run down and eventually cost much more to renew.

The recommendation made by the superintendent in reference to the many changes among the employes, and the necessity for

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

a revision of the schedule of wages, meets with our entire approval, and we strongly recommend that a sufficient wage be paid for ward service to attract those who are capable of being trained in the trying and difficult duties of the service.

Very respectfully submitted,

WILLIAM A. KEENER

President

SAMUEL L. FULLER

Secretary

MRS. ELEONORA KINNICUTT

THOMAS M. MULRY

WHITMAN V. WHITE, M. D.

MRS. GRACE GILLETTE BIRD

Board of Managers

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

SUPERINTENDENT'S REPORT

NEW YORK, N. Y., October 1, 1907.

HON. WILLIAM A. KEENER, *President of the Board of Managers,*
New York, N. Y.:

DEAR SIR.—In accordance with the provisions of the Insanity Law, I respectfully submit herewith the third annual report of the Manhattan State Hospital, Ward's Island, New York city, for the fiscal year ending September 30, 1907. The usual statistical tables are incorporated herewith.

MOVEMENTS OF POPULATION

Following are statements showing movements of population:

	Men	Women	Total
Number of insane in care of hospital			
October 1, 1906.....	1,675	2,704	4,379
Admitted during ensuing year.....	682	834	1,516
Total under treatment	2,357	3,538	5,895
Number of patients discharged during			
the year	423	540	963
Number of patients died during the			
year	213	226	439
Total	636	766	1,402
Number of patients remaining Septem-			
ber 30, 1907	1,721	2,772	4,493

ADMISSIONS

During the year 1,516 patients were admitted. Of this number, 1,399 were upon original commitments; 117 were transferred from other institutions for insane. Of the total number, 1,340 patients were admitted through the psychopathic ward of Bellevue Hospital; 25 were brought directly to the hospital from the

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

boroughs of Manhattan and The Bronx; 30 were brought from Staten Island (Richmond Borough), and 4 from Craig Colony.

DISCHARGES

We discharged 312 patients as recovered, 66 as much improved, 280 as improved, 304 as unimproved, and 1 as not insane; 25 men and 10 women were found to be non-residents and were sent to their homes at the expense of the State, and 4 women, also non-residents, were returned to their homes at the expense of their relatives. The Immigration Department deported 50 men and 53 women, insane aliens; 3 men and 4 women, also aliens, were deported at the expense of their friends, or at their own expense. No cases committed to the hospital were rejected as unsuitable for care and treatment in a State hospital for the insane.

Since the establishment of the Committee on the After-Care of the Insane by the State Charities Aid Association, very few cases have been discharged directly to the care of the Department of Public Charities.

RECOVERIES

On number admitted	20.58
On number admitted, excluding all transfers.....	22.30
On daily average population.....	7.13
On whole number treated.....	5.29
On number discharged	32.40

IMPROVED

On number admitted	22.82
On number admitted, excluding all transfers.....	24.73
On average daily population.....	7.90
On whole number treated	5.87
On number discharged	35.93

DEATHS

The total number of deaths during the year was 439, representing 7.45 per cent of the whole number treated.

CASUALTIES

On October fourth patient Margaret Law broke away from a party leaving one of the dining-rooms, ran to the river and jumped in. Her body was never found.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Patient Elsie Sahote, escaped from Camp D on the evening of January fifth, while the patients were preparing for bed. A careful search all night and the next day failed to discover her, and it is thought she attempted to escape by swimming the river.

On February fourth, Joseph McEvoy, a suicidal patient, broke a glass from which he had been drinking beef tea, and with the pieces cut two jagged superficial wounds in his throat before he could be restrained by the attendant.

On February twenty-second, patient John Frank was struck on the head with a serving table in the hands of another patient, during a quarrel, receiving a bad scalp wound. Frank, though confined to bed, was very noisy, and this angered the other patient, causing the outbreak. He died on the twenty-seventh, apparently from other causes, and autopsy revealed a small fracture of the skull. The case was referred to the coroner.

Isabella Calderwood, a patient in Ward 24 (hospital ward), died suddenly on the morning of March sixteenth, at 6.30 o'clock. The indications pointed to poisoning of some kind, and the case was at once referred to the coroner. Autopsy was performed by the coroner's physician, who found evidence of bichloride of mercury poisoning. It is supposed that the patient obtained this in some surreptitious way, and the matter was carefully investigated on the part of the hospital.

On March eighteenth, a patient in Ward 45 told the nurse that patient Alois Zoeller was in a closet from which brooms and polishers had been issued a short time before. On looking in, the nurse found he had placed a broom handle on two shelves and suspended himself with the girdle of a dressing gown. He suffered considerably from shock, but seemed to improve for some time. He died, however, on the 26th of March, and in view of the circumstances, the case was referred to the coroner.

David Rodesky, a bedridden paretic in Ward 59, on July twenty-fifth was found to be suffering from a fracture of the sternum and three broken ribs. He died on the thirtieth, and the case was referred to the coroner. The coroner's physician reported the cause of death as septic poisoning from several large abscesses due to the patient's general septic condition. Careful investigation failed to show that the patient was handled in any rough manner.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

On July twenty-sixth, patient Caroline Thomas attempted to hang herself with a short strip from her dress. She was discovered and cut down by the attendant, and showed no ill effects.

On July twenty-ninth, patient Lucy Foxhall broke a glass in the bath-room, and although she was caught at once by the nurses, she forced some of the glass in her mouth and swallowed it. She was immediately given food, and after a time an emetic, but no glass was brought up in this way. This patient has been persistently suicidal since her admission and has to be watched constantly.

TYPHOID FEVER

During October five employes and four patients developed typhoid fever. One patient and two employes, Clinton T. Platt, photographer, and Mary McGillian, night attendant, died. One other employe, Andrew Stronquist, who was convalescing from typhoid fever, died of multiple abscesses of the liver. Another case, a patient, developed typhoid during July, but made a recovery without special unfavorable symptoms.

ERYSIPELAS

In January five cases of facial erysipelas, idiopathic form, developed among the patients. During April one patient and two employes developed facial erysipelas. In May, one patient developed this disease. The usual treatment was given and the spread of the disease prevented by isolation and disinfection.

INSANE ALIENS

As was reported last year, a large number of insane aliens have been admitted to the hospital during the present fiscal year, and the Federal authorities have been active in securing their return to the countries from which they came.

The Board of Alienists have been very energetic in following up these cases, certifying to their being suitable cases for deportation, to the Immigration Department, and as previously reported, the patients so certified, after the facts have been confirmed, have been placed under nominal arrest, and in due time have been removed from the hospital. Formerly complaints of the non-arrival of deported cases at their homes were frequent. During the past year no complaints of this nature have come to my attention. In accordance with the Federal law, which became

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

operative July first, the government furnishes an attendant to accompany deportable cases that require the attention of an attendant, and, in accordance with the request from the immigration authorities, several of the nurses of this hospital have volunteered to take patients abroad, and already several trips of this kind have been taken by our employes. In some instances our nurses take their vacation time to accompany insane aliens abroad, or the time is taken without pay, as they receive remuneration for this service from the Immigration Department.

PAROLES

As has been the custom for a year or more past, a large proportion of our patients were allowed the customary parole of thirty days before we actually discharge them from our records. This system has proven to be very beneficial, and it is very exceptional to find a patient who is unwilling to return to the hospital two or three times during the parole period to interview the physicians. They seem to appreciate the advantage which this privilege gives, and are very prompt as a rule in returning for a personal interview. During the year, twenty-seven men and eight women were returned to the hospital during their parole period for further treatment.

The following is a copy of the circular given to the friends of each patient as he or she goes on parole or is discharged:

“The Superintendent begs leave to offer the following advice for the benefit of the patient who is leaving the hospital, with the view of preventing, if possible, a return of the mental attack:

“Those conditions and surroundings which operated in bringing about the first attack should be avoided and, as far as possible, remedied. Where the surroundings were objectionable, a change should be made in residence. Bad associates should by all means be avoided. In order to effectually change the surroundings and associates it is frequently necessary to move to another section of the city, or even leave town and take up life in another community.

“Oftentimes it is embarrassing to the patient to have the subject of the former residence in the hospital discussed. See that the patient avoids all forms of dissipation; endeavor to keep the patient occupied and establish regular hours for meals and for retiring. During the summer months, where it is possible, it is

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well for the patient to go to the country for a short time at least. The home life should be made as pleasant as possible and friends should endeavor to encourage and help in every way.

“Inasmuch as it is the practice of this institution to parole for a period of thirty days before discharging a patient, it should be considered a duty on the part of relatives to encourage the patient to return to the hospital once a week during the parole period to consult with his former ward physician in reference to the progress of his convalescence and to seek from him advice as to the best mode of living. The patient, at the same time, should have instilled into his mind that the idea of these regular visits to his physician is not for the purpose of his possible return to the institution, but rather to prevent a recurrence of his disease, and hence the necessity for a recommitment.

“Whenever a paroled patient declines to return to the institution it is well to keep him under careful observation, and in case of any illness, or a suspicious symptom of his former malady, the family physician should be immediately consulted, and then if advice is desired, a letter addressed to the Superintendent will receive a prompt answer.”

It has occasionally occurred that discharged patients will return to the hospital at intervals for consultation and advice, especially if any symptoms of their former mental sickness appear to be returning. It is an experience with this hospital, and has perhaps been elsewhere, that frequently patients are inclined to make visits to the hospital to see their former ward acquaintances, nurses and patients, and also to speak with their physicians, when they feel that a return of their mental ailment is impending. In a way this is an advantage as it gives the hospital physicians an opportunity of studying the case, and of advising the friends in regard to the means to be adopted with a view of warding off an attack. In many instances the agent of the After-Care Committee has interested herself in these cases and has made reports to the hospital concerning them. It would seem these patients realize that an attack is perhaps recurring, and their attention is almost irresistibly drawn to the hospital and its protecting influences.

The privilege of the freedom of the grounds has been considerably extended to a number of old reliable men patients as well as to a number of convalescents. They are deeply sensible of the trust placed in them, and the privileges have not been abused in

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a single case. These patients are utilized to bear messages and do other things, and not only are their mental faculties quickened, but a spirit of emulation is aroused in other improving cases. The hospital idea with its larger purview ought to be construed into the fullest medical treatment of the sick man's psychosis with the largest amount of liberty.

RECREATION AND EMPLOYMENT

The system of previous years in regard to the employment and recreation of patients has continued, and nothing particularly new may be added. An average percentage of 77.56 of the patients have been employed in some useful work about the hospital. No patient is compelled to work against his or her will, and although the results of labor are of considerable commercial value to the hospital, yet the first consideration is the benefit to be accrued to the patient from this employment, which with amusement and recreation serves to divert their minds from dwelling upon their abnormal fancies.

The hospital orchestra is still maintained and has been giving excellent service during the year, by concerts out of doors in summer on different lawns of the hospital, so that as many of the large number of patients may receive the benefit of the music as far as possible. During the winter season these band concerts are held in different wards of the hospital. During all the seasons, excepting summer, the employes are allowed their weekly dance.

Field day sports were held on Decoration Day and Labor Day. Following is a copy of the programme of the sports held on Labor Day:

MORNING PROGRAMME

Baseball, Attendants v. Patients. Prizes, picture, neckties.

AFTERNOON PROGRAMME

100 yards dash, men patients.—First prize, table, necktie; second prize, music rack.

Sack race, men patients.—First prize, taborette, pair of suspenders; second prize, vase, necktie.

75 yards dash, women patients.—First prize, table cover, ribbon; second prize, jardiniere, ribbon.

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Three-legged race, 100 yards, men patients.— First prize, jardiniere, pair of suspenders; second prize, vase, necktie.

Egg race, women patients.— First prize, cushion, ribbon; second prize, table cover, fancy tie.

100 yards hurdle race, men employes.— First prize, cushion, necktie; second prize, jardiniere, match safe.

Basket ball, women nurses.— First prize, picture; second prize, jardiniere, box of candy to each member of winning team.

Wheelbarrow race, 100 yards, men patients.— First prize, table cover, necktie; second prize, picture, pair of suspenders.

100 yards dash, nurses.— First prize, table, box of candy; second prize, picture, box of candy.

Crab race, men patients.— First prize, pair suspenders, jardiniere; second prize, necktie, picture.

Tug of war, men patients.— Prizes, table; pair of suspenders to each member of winning team.

Nail-driving contest, female employes.— First prize, picture, box of candy; second prize, vase, box of candy.

Music by the hospital orchestra under the direction of Mr. George Kazamek.

1. March — "Entry of the Gladiators".....Tucik
2. Overture — "The Knights Templar".....Koppitz
3. Caprice — "The Little Toy Soldier".....Rosey
4. Melody in F.....Rubinstein
5. Intermezzo — "The Secret" Gautier
6. Potpourri — "The Mastersinger from Berlin".....Lincke
7. Waltz — "Sweetheart" Strauss
8. Medley — "San Antonio" Lampe
9. Selection from "The Jolly Widow".....Lehar
10. March — "Old Faithful" Holzman

Refreshments, cake, lemonade.

During the past summer the steamer "Wanderer" has made three excursion trips each week for the patients, taking on each trip about two hundred or two hundred and ten patients. The excursions were about equally divided between the men and women patients. The orchestra always accompanied these excursions. One accident occurred during the summer season, which, fortunately, proved to be unimportant. On August twenty-second, one of the men patients, John Elliott, suddenly jumped overboard,

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but easily kept himself afloat, and was picked up within a few moments by the hospital boat, returned to the steamer, and was none the worse for his experience. The attempt did not seem to be suicidal in nature, and was done more with the idea of possibly making his escape.

OVERCROWDING

Transfers have been made during the year to other institutions, as follows:

October second, 50 men to Gowanda State Hospital; November twenty-first, 25 women to Buffalo State Hospital and 25 women and 25 men to Willard State Hospital; February twenty-seventh, 25 women and 25 men to Rochester State Hospital; July thirtieth, 20 men and 20 women to Willard State Hospital.

We are still obliged, however, to admit that the hospital is greatly overcrowded. The official capacity is 3,534, and on September 30, 1907, the census represented 1,721 men and 2,772 women, a total of 4,493, as resident in the hospital on that date. Relief in this matter is especially needed in regard to the disturbed class of women patients. During the past few years many transfers have been made to other hospitals, and the more quiet class has usually been selected for these transfers, so that the hospital is burdened with an accumulation of the chronic, disturbed class of patients.

We cannot emphasize too much the injustice to patients on account of this crowded condition and accommodations should be provided at the very earliest date for the increase in the Metropolitan district. On the first of October there was a percentage of overcrowding on the men's side of 30.67 per cent, on the women's side of 25.03 per cent, and for the whole institution, 27.13 per cent.

Had we been compelled to receive all the patients from our hospital district, namely from the boroughs of Manhattan, The Bronx and Richmond, the percentage would have been very much higher, but the Central Islip State Hospital received the men on alternate weeks during the past year, and about one-third of the women committed from this district.

There is, therefore, need of another institution within easy reach of the city, the creation of which will relieve the present overcrowding and enable us to care for the newer cases as they are committed.

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There are certain wards which it is impossible to ventilate properly and this only adds to the distressing state of affairs. Sun-rooms, day-rooms and other spaces which were intended for other purposes have been utilized for beds. It is not to be expected that the institution can, under conditions that prevail, give the best standard of care to its patients. This includes not only the custodial cases, but also the acute. The use of the camps and the open-air treatment has resulted in relieving our acute wards to a considerable extent, and here there is less difficulty in maintaining the standard of care.

AFTER-CARE OF THE INSANE

During the past year the sub-committee of the Standing Committee of the State Charities Aid Association on the Care of Insane has done a great amount of work with substantial results. As previously mentioned in this report, no recovered cases have been discharged to the care of the Department of Public Charities. A few years ago nearly all the dependent recovered cases, who had no friends or homes, were sent to the Charities Department. Under the present régime these cases are looked after by this Committee on the After-Care of the Insane, said committee not only obtaining positions for these patients, but frequently rendering financial assistance. The agent of this committee renders frequent reports regarding the condition of patients discharged, their home surroundings, notes frequently symptoms of returning trouble, and, when it is thought desirable, a request has been made for a hospital physician to see the patient, which has been done. Continued good-will toward the hospital is noted to prevail among persons so discharged, as the agent has often found in making her visits to the homes of our former patients.

The following is the statistical report of the After-Care Committee of the Insane for the year ending September 30, 1907:

Number of patients under supervision October 1, 1906...	30
Number of patients discharged from hospital and referred to Committee during year.....	63
Number of patients in hospital in former years referred to Committee during year	4
Number of patients still in hospital referred to Committee,	7
Total	104

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Patients under supervision for whom employment was secured	27	
Other patients under supervision	19	
		46
Discharged from supervision for the following causes:		
Became self-supporting	12	
Getting on well at home.....	36	
Left town	5	
Relapsed and returned to hospital.....	5	
		58
Total	104	
Number of visits made in behalf of patients.....	465	
Number of visits to hospital.....	42	
Patients sent to the country.....	5	
Patients aided with clothing or money.....	11	

CAMP LIFE FOR THE ACUTE INSANE

Our faith in this method of treating the acute insane, who are capable of being cared for in the pavilions, has been confirmed and strengthened by our experience during the past year. Camp "A-B," taking the place of the two tents referred to in the report of last year, has been completed and occupied for some time, and meets the requirements in a very satisfactory way.

These frame camps are built very much after the plans of Camps "C" and "D." They represent the open dormitory system, a row of beds on each side of the wards, one story in height, well lighted and arranged so that the windows may all be opened, thus allowing free ingress of fresh air. They have electric light, steam heat in winter, and all the conveniences of fresh-water supply and sewer connection. These camps have served a most excellent purpose for the care of this class of patients.

Since the last report a suitable frame building has been constructed, well lighted, for contagious diseases. It is provided with the necessary water and sewer connections. Fortunately, thus far it has not been necessary to isolate any special cases, and, therefore, it has not been in use. It is impossible to say, however, when the necessity for occupying it may occur.

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An open-air or recreation pavilion, eighty-six feet long and forty-six feet wide, was constructed during the past winter, and has been used during the summer and fall by the patients when the weather was too warm to sit out doors, or during stormy weather. This pavilion commands a beautiful view of the river, and, being open on all sides, during the summer the patients have the benefit of the cool sea breeze blowing through. For the winter season it is enclosed with glass on three sides, the fourth side being protected by canvas curtains, which may be rolled up when desired. The patients who usually occupy this open-air pavilion come from the adjacent frame pavilions and from the wards of the new building.

ADDITION TO OPERATING-ROOM

An addition to the operating-room of Ward 24 has been built during the year and furnished with the latest improvements in the way of operating-room appliances, sterilizers, etc. This is a much-needed improvement, as this addition and the old operating-room are so connected that much more space is allowed, and a much better light is furnished. The surgical equipment of the women's division is now very complete.

TUBERCULOUS INSANE

Preparations are being made for the construction of a frame building, similar to the other pavilions or camps, for the accommodation of the tubercular cases of the women's division. This camp will be in construction similar to the others, but will consist of three camps placed end to end in the form of a rectangle, the easterly side of the rectangle being left open, and will be located near the south end of the island, but so placed to the east of the branch buildings that it will be protected from the westerly and northerly winds. This will enable us to keep our tuberculosis cases in a more appropriate building where they will have better light and an abundance of fresh air. The building now occupied by this class of patients will be vacated, thoroughly renovated, and used for other purposes. The frame camp for the tuberculous men patients has given such satisfactory service that we naturally expect good results from the use of the new camp for the tuberculous women.

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TRAINING SCHOOL FOR NURSES

The sessions of the Training School for Nurses, 1907-8, opened with 9 men and 23 women in the senior class, and 9 men and 33 women in the junior class. As heretofore, private nursing away from the hospital has been encouraged among our graduate nurses whenever it has been possible to spare them. The plan of work prepared for last year was very successfully carried out, and the same arrangements will be continued during the coming school year. The attendants are detailed to spend a certain amount of time on different services in order to give them as wide an experience as may be possible. As heretofore, the women members of the senior class will be detailed to do work for different periods of time on the men's wards, especially the reception and hospital wards. Following is a schedule of the ward work arranged for the coming year:

WOMEN

Seniors

Ward 24 (hospital ward).....	Three months
Ward 12 (tuberculosis ward).....	Two months
Ward 28 (epileptic ward).....	One month
Men's Division (hospital ward).....	One month
Prolonged baths	One month

Juniors

Ward 17 or 21 (infirm, chronic bed cases).....	Three months
Ward 13 or 23 (acute insanities, depressions, etc.)..	Three months
Night duty under a nurse.....	Two months
Night duty in charge.....	One month

MEN

Seniors

Ward 59 (hospital ward).....	Five months
Ward 37 (epileptic ward).....	One month
Camp K (tuberculosis ward).....	Two months
Prolonged baths	One month

Juniors

Ward 56 (infirm, chronic bed cases).....	Three months
Ward 36 (acute insanities, depressions, etc.).....	Three months
Night duty under another.....	Two months
Night duty in charge.....	One month

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Herewith is a list of the graduates of the Training School, class of 1907:

Isabella F. Wilson	Lillian O. Schalow
Duncan Campbell	Mary Ellen Wright
Mary Riordan	Hannah T. Hickey
Sara E. Hanley	Nellie M. Horgan
George L. Shepard	Mary Atkinson
Kathleen McKenzie	Christina O'Flynn
Marie A. McGarvey	Mary A. Dolan
Margaret Murphy	Nellie M. Lee
Cecelia Keaveney	Katie G. Byers
Mary F. Moran	Margaret E. Reed
Nellie Dennehy	Elizabeth J. McGovern

STAFF MEETINGS

These were attended as heretofore, in the women's division, Monday, Wednesday and Friday mornings, at 8.30 o'clock, and in the men's division Tuesday, Thursday and Saturday mornings, at the same hour. The custom of discussing cases for discharge each Monday morning, Wednesday morning new cases for provisional diagnosis, and Friday morning summaries of cases who have been in the hospital two or three months, has been found very satisfactory, and has still continued. Occasionally extra meetings are called. By this system the staff is able to keep in touch with the progress of each case from the time of admission to the time of discharge. The interest on the part of the individual members of the staff continues without abatement, and the discussions at times are exceedingly interesting and instructive. Except during a few of the summer months the hospital staff, with the Pathological Institute staff of medical officers, has held evening meetings, at which original papers have been read, cases of interest have been presented, followed by the usual discussions. More persistent effort is made than formerly in the matter of seeking out the pathological factors that enter into the history of the individual cases.

In this connection we desire to acknowledge our indebtedness to the Director of the Pathological Institute, and his assistants, in the medical work of the institution. The advice and suggestions and work outlined in conference with the Director of the Institute have done much to stimulate the medical spirit of the staff.

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GASTRO-INTESTINAL DISEASES

During the past year numerous visits to this division of the service have been made by Dr. Robert Coleman Kemp, consulting physician, and Dr. Theodorus Bailey, assistant visiting physician. Clinics are held every Tuesday at 2.30 P. M. by Drs. Kemp and Bailey, and these have been largely attended. Dr. Achilles Rose, of the Post-Graduate School, has co-operated with Dr. Kemp in his demonstrations. Other physicians have also given lectures and demonstrations by invitation, notably Dr. Stephen Kelen, of Carlsbad, on "Recto-Romanoscopy."

Special treatment has been given to all gastro-intestinal cases in the institution, such as colitis, gastritis, ulcer of the stomach, etc. In the epileptics under observation, the conditions of the gastro-intestinal tract have been determined, and diet and medication suited to each case have been carried on. One patient, notably, suffering from dilatation of the stomach and chronic gastritis, while under treatment for these conditions, has, for a year, had no convulsions. She is still under observation. There has been considerable improvement in many of these patients.

Test meals are given and qualitative and quantitative analyses of the stomach contents were made. Transillumination of the stomach (gastro-diaphany) has been performed about seventy-five times.

Just as formerly, during the past year clinical lectures for the benefit of the resident staff, the nurses and outside physicians have been given on the following subjects:

Physiology of digestion; the splashing sound; methods of locating the position of the stomach and intestines; acute gastritis; chronic gastritis; hypersthenic gastritis; acute and chronic dilatation of the stomach; ulcer of the stomach; cancer of the stomach; superficial ulceration of the stomach; hyperchlorhydria; enteritis; colitis; mucous colic; gastroptosis; movable kidney; dysentery; treatment of typhoid fever; Brand and Nauheim bath in typhoid; diet; lavage; the enema; enteroclysis; hypodermoclysis; Rose's plaster belt and its indications; vibratory massage; electro therapeutics in gastro-intestinal diseases, etc. At the clinics all the nurses of the senior class in person performed lavage under the supervision of the lecturer.

Dr. E. E. Smith, a well known pathologist, has undertaken special work in examination of the stools in this department. It

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GYNECOLOGY

The following is the report of Dr. LeRoy Broun, the consulting gynecologist:

“I have the honor to submit herewith the report of the surgical operations performed during the year ending September 30, 1907. The number of patients requiring operations has been much less than in any year since my connection with the hospital. This is in part due to the fact that during a good portion of the year operations could not be performed on account of the building of the excellent operating-room, now completed.

“During the year there has been one death following operation. All other patients have made excellent recoveries. The mental improvement apparently referable to the physical betterment as a result of the operation has been decided in two instances.

“I wish to express my appreciation of your warm support and admirable forethought in advocating the building of the present well-equipped operating-room. It is supplied with every necessity for thorough and conscientious surgical work, and can only reflect credit upon the institution and those in charge.

“I wish also to acknowledge the valuable assistance of Dr. Anna E. Hutchinson, of your staff, who with much care has prepared this report; also I am indebted to Dr. J. L. Washburn for the excellent after-care of the patients.”

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MAJOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic conditions
11-15-98	6105, L. H.	38	Married	Fair except for appendicitis	Mania, chronic	1 year	Cystadenoma of right ovary, appendicitis, lacerated perineum—complete
9-7-06	34964, M. H.	40	Married	Good . . .	Involution melancholia	6 weeks	Ventral hernia, lacerated perineum
10-2-06	35036, M. R.	43	Single . .	Poor . . .	Allied to manic-depressive insanity	6 weeks	Multiple uterine fibroids
10-6-06	35107, M. Z.	32	Married	Fair . . .	Dementia præcox	4-5 years	Uterine fibroma, multiple salpingitis, sub-peritoneal ovarian cyst
4-7-91	29-249, M. F	27	Single . .	Poor . . .	Dementia præcox	2 years	Large multiple uterine fibroma
9-23-05	33776, F. C.	28	Married	Poor . . .	Paranoic condition	1 month	Appendicitis, ovarian cyst
12-13-06	34012, M. H.	31	Sep	Fair . . .	Paranoic condition	6 weeks	Adherent retroversion, endometritis, lacerated perineum
10-26-05	33866, J. J.	41	Single . .	Fair . . .	Paranoic condition	2 years	Small nodular mass following previous hysterectomy (outside hospital)
6-20-06	34775, M. Q.	59	Widow . .	Fair . . .	Alcoholic psychosis	3 months	Appendicitis, multiple uterine fibroma
2-2-07	35456, C. H.	48	Married	Fair . . .	Alcoholic psychosis	2 months	Multiple uterine fibroma

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OPERATIONS

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result mental	Remaining in hospital	Remarks
10-4-06	Removal of ovarian cyst (right) appendectomy, repair of complete perineal laceration	Good...	Slight...	None.....				
10-10-06	Operation for ventral hernia and lacerated perineum	Good...	Slight...	Some.....	3-17-07	Much imp'd		
10-18-06	Supravaginal hysterectomy for multiple uterine fibroids	Good...	Marked..	Very much..	9-19-07	Rec'd..		
10-9-06	Complete hysterectomy, intestinal adhesions dense	Died...	None...	None.....			10-19-06 Died	Septicæmia following operation
5-29-07	Supravaginal hysterectomy	Good...	Slight...	None.....				Larger fibroid had undergone calcareous degeneration
6-5-07	Appendectomy, excision of right ovarian cyst	Good...	None...	None.....				
6-5-07	Ventral suspension, curettage, perineorrhaphy	Good...	None...	None.....				
6-12-07	Exploratory laparotomy	Good...	Slight...	Slight.....				
6-18-07	Appendectomy, supravaginal hysterectomy	Good...	Considerable	None.....				Calcareous degeneration
6-26-07	Supravaginal hysterectomy	Good...	Considerable	Slight.....				

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MINOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic conditions
8-8-06	34900, A. G.	37	Married.	Good....	M a n i c-depressive insanity	1 week.....	Endometritis, lacerations of cervix and perineum
9-14-06	34987, K. T.	43	Married.	Fair....	Paranoic condition...	3 months.....	Excessive scar tissue of perineum
7-7-06	34845, D. E.	41	Married	Fair....	Alcoholic psychosis...	1 year (?)....	Fistula in ano....
10-18-05	33839, M. D.	40	Single...	Fair....	Allied to dementia præcox	Years (?)....	Stenosis of internal os, elongated cervix
11-18-05	33927, M. J.	39	Single...	Fair....	M a n i c-depressive insanity	2 weeks.....	Prolapsed uterus, heavy cervix, lacerations of perineum and cervix
10-4-06	35095, K. B.	27	Married.	Fair....	Dementia præcox....	2 months.....	Stenosis cervical canal
12-19-06	32305, E. M.	33	Married.	Fair....	M a n i c-depressive insanity	1 week.....	Endometritis, stellate laceration of cervix, laceration of perineum
12-19-06	35302, A. C.	33	Married.	Fair....	M a n i c-depressive insanity	4 days.....	Endometritis, lacerations of cervix and perineum
1-18-07	35399, L. C.	30	Married.	Good....	Alcoholic psychosis...	2 weeks.....	Complete perineal laceration
8-11-04	11641, R. P.	38	Married.	Fair....	Paranoic condition....	Unknown.....	Endometritis, lacerations of cervix and perineum
4-15-07	35725, L. F.	25	Married.	Poor....	M a n i c-depressive insanity	1 month.....	Sapraemia following abortion
3-15-07	35611, A. M.	32	Married.	Fair....	Alcoholic psychosis...	4 weeks.....	Lacerated perineum
2-12-07	35487, M. S.	38	Married.	Fair....	Unclassified.....	Unascertained.	Urethral caruncle external hemorrhoids, endometritis, laceration of cervix, laceration of perineum
4-1-07	35678, A. R.	22	Single...	Fair....	Dementia præcox....	7 years.....	Endometritis, laceration of cervix, laceration of perineum

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OPERATIONS

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result mental	Remaining in hospital	Remarks
10-4-06	Curettage, excision of cervix, perineorrhaphy	Good...	Slight...	Psychic effect very good	12-2-06	Rec'd.		
10-8-06	Operation of complete perineal laceration	Good...	Some...	None...				
10-11-06	Repair of	Good...	Some...	None...				
10-18-06	Curettage, excision of cervix	Good...	None...	Slight...				
11-1-06	Excision of cervix, perineorrhaphy	Good...	Some...	None...				
11-15-06	Divulsion and curettage	Good...	Considerable	Slight...				Severe dysmenorrhœa
2-6-07	Curettage, excision of cervix, perineorrhaphy	Good...	None...	None...				
2-6-07	Curettage, excision of cervix, perineorrhaphy	Good...	Marked..	Decided...	2-28-07	Much imp'd		
5-29-07	Repair of complete perineal laceration	Good...	Marked..	Marked...	7-17-07	Rec'd.		
5-29-07	Curettage, excision of cervix, perineorrhaphy	Good...	Slight...	None...				
6-12-07	Curettage	Good...	Slight...	None...				
6-18-07	Perineorrhaphy	Good...	Some...	None...				
9-25-07	Excision of urethral caruncle, removal of hemorrhoids, excision of cervix, perineorrhaphy, curettage	Good...	Some...	None...				
9-25-07	Curettage, excision of cervix, perineorrhaphy	Good...	None...	None...				

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OPERATIONS FOR

Admission	Name and number	Age	Social condition	General health before operation	Mental diagnosis	Duration of mental disease before entering hospital	Pelvic conditions
10-4-06	35099, I. K.S.	46	Married.	Fair...	Manic depressive insanity	2 months....	Retroversion, prolapse and lacerated perineum
6-19-06	34765, J.E.L.	30	Married.	Good...	Alcoholic psychosis...	10 days.....	Endometritis, retroversion, laceration of perineum, extensive
12-25-06	35322, K, M..	32	Married.	Good...	Allied to manic-depressive insanity	2 weeks.....	Endometritis, laceration of cervix and perineum, movable retroversion
2-25-07	35530, M. J..	26	Married.	Fair....	Constitutional psychopathic state	1 year.....	Endometritis, lacerated perineum Movable retroversion

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DISPLACED UTERI

Date of operation	Operation	Result of operation	Physical improvement following operation	Mental improvement apparently referable to operation	Discharged	Result mental	Remaining in hospital	Remarks
11-1-06	Alexander's operation, perineorrhaphy	Good...	Considerable	Slight.....	1-21-07	Rec'd..	.....	Upon recovery, states that prolapsus of uterus made her irritable before onset of psychosis
11-15-06	Curettage, perineorrhaphy, Alexander's operation	Good...	Slight...	None.....	8-8-07	Rec'd..	.....	
6-12-07	Curettage, excision of cervix, perineorrhaphy, Alexander's operation	Good...	Limited.	None.....				
6-26-07	Curettage, perineorrhaphy, Alexander's operation	Good...	Considerable	Psychic effect very good				

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The following is a list of gynecological examinations made during the year by Dr. Anna E. Hutchinson, woman physician:

Negative examination	170
Urethral caruncle	2
Vulvar papilloma	3
Vulvar varicose veins.....	2
Perineal condylomata	2
Vesico vaginal fistula.....	1
Perineal laceration	414
Cervical laceration	424
Cervical polyp	5
Sapraemia	1
Pregnant	8
Uterine subinvolution	17
Uterine fibroids	17
Uterine carcinoma	2
Uterine prolapse	25
Uterine retroversion	151
Anteversion	1
Pelvic adhesions	8
Oöphoritis	2
Hemorrhoids	6
Rectal prolapse	3
Stricture of rectum.....	1
Mastitis	1
Cystic breast	1
Ventral hernia	1
Umbilical hernia	9
Inguinal hernia	4
Floating kidney	2

Operations performed on patients previous to admission to this hospital:

Le Fort's operation for uterine prolapse.....	1
Myomectomy	1
Hysterectomy	17
Ovariectomy	15

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AURIST

Dr. W. Sohier Bryant, consulting aurist, has shown continuous interest in his work, and has visited the hospital frequently and regularly. In regard to his work during the past year would explain that "In addition to the regular attendance on cases of the ear, nose and throat diseases, eleven epileptics have received special nasal treatment in order to benefit that condition. Of these, seven showed a decrease in the average number of monthly seizures; four showed an increase. The average total is a decrease of thirty-one per cent in the number of monthly fits."

OPHTHALMOLOGIST

Dr. Ward A. Holden, the ophthalmologist, has regularly attended at the hospital for the treatment of diseases of the eye, and the correction of refractive errors. He has given attention to the routine examination of the eyes in patients with such nervous diseases as may have eye symptoms, and has also responded willingly to examine special cases whenever required.

ODONTOLOGIST

Dr. A. Walter Hermann, the odontologist to the hospital, has made regular visits, and operated upon 235 inmates, classified as follows:

Necrosis	2
Alveolar abscesses	11
Pyorrhea Alveolaris	3
Devitalizations (pulp)	7
Extractions (teeth and roots)	201
Fillings (amalgam and cement)	15
Treatments (aching teeth)	34
Bridges repaired	2
Artificial dentures repaired	4
Artificial dentures (new)	1

Of these patients 130 were women and 105 men.

ANALYSIS OF FORMS OF INSANITY

Owing to the fact that the second assistant physician in charge of the reception service for women is absent from the institution, we will present in this report the analysis only of the admissions on the men's division, and I am indebted to Dr. Spellman, the second assistant physician, for his work in preparing this.

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In an attempt to review the cases admitted to the hospital for the year just past, of which there were 682, fifty of whom were transfers at one time from the Long Island State Hospital, Flatbush, and were manifestly chronic cases which were not given particular consideration, we will therefore confine ourselves to the number admitted outside of these.

In a consideration of this kind, one feels somewhat at a loss as to how far the subject should be gone into. It would seem useless to burden a report with already well established facts or to place before those who are interested a mass of material, which could not be well substantiated after close scrutiny, as is apt to be the case in many reports. We shall try to present from this standpoint concisely some of the more obscure groups in summary and offer a few suggestions, which have arisen from time to time.

A class which has given us considerable difficulty, and one from which perhaps a new grouping might be established, is the depressions which are not sufficiently differentiated. Under this heading we have received nineteen cases, or about three per cent.

No. 35152.—Age, forty-nine; married; watchman; father periodically intemperate; the patient moderate in the use of alcohol, but would go on a spree about once a year. Following one of these he is subjected to psychic trauma, and passes into a state of depression, which existed one year prior to admission. On admission he was much worried; hypochondriacal; over religious and commented upon his great wrong; said his soul was lost; talked of suicide and constantly harped upon his inability to perform his usual work. There was no apparent deterioration. Physically, his arteries were thickened; subjective cardiac complaints but no lesion; an inguinal hernia and history of trauma to head at the age of twenty without defect following. The patient improved under care and was discharged.

No. 35381.—Age, thirty-seven; German; married; laborer; no heredity; immoderately alcoholic for many years; assigned cause alcohol. Mentally, he had many hypochondriacal complaints; was at all times lowered emotionally and made frequent suicidal attempts. Physically, he had a self-inflicted wound on the wrist; active reflexes; pupils irregular; reacted sluggishly to light; Hb. eighty per cent; spinal puncture negative. Died of pneumonia.

No. 35374.—Age, sixty-one; broker; widowed; paternal uncle suicidal; father alcoholic; brother nervous and depressed; maternal grandfather suffered from melancholia; several cases of tuberculosis on the maternal side; he was decidedly alcoholic and of a

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roving disposition; suicidal with subjective complaints of lack of control; much depressed; at times had a mild persecutory trend without attempt at systematization; no hallucinations were observed and there was no deterioration.

No. 35202.—Age, forty-six; barber; married; father moderately alcoholic; the patient was irregular in his habits; drank excessively and gambled much; his wife, being insane, caused him much mental irritation; the onset was gradual, two years before admission; latterly he talked of suicide; was morbid, depressed and expressed feelings of inadequacy; in general mental make-up he was above average intelligence; but throughout life was given to morbid suspicion. Physically, he complained of weakness in his legs with temporary quiverings; there was slight swaying, but no Romberg; albumen in urine but no casts. Discharged recovered.

No. 35551.—Age, forty-two; married; Italy; shopkeeper; no family taint; habits normal. Physically, heart enlarged; reflexes active; pupillary reaction normal. Onset of psychosis gradual, three months' duration before admission, characterized by depression, with an attempt at suicide; there was no evidence of delusions, hallucinations or intellectual deterioration. Recovered.

No. 36522.—Age, forty-six; married; stationary engineer; a brother periodical drinker. The patient began to drink immoderately at forty and periodically to excess; at rather frequent intervals since then. Following a spree he attempted suicide; was committed to another hospital and discharged as recovered; three months later, following a spree, he commits himself on account of feelings of apprehension; he was somewhat agitated and depressed without hallucinations, delusions or evidence of deterioration. He had old scar on both shins; fibrillary tremors; increased knee jerks — systolic murmur at apex. Recovered after two weeks' treatment.

No. 36443.—Age, forty-two; dyer; married; no heredity; habits normal; neurotic in general make-up; extremely deaf for twenty years; deep reflexes increased; Hb. seventy-five per cent; he becomes suddenly depressed following family quarrel; bit his wife on the arm and threatened suicide; after three weeks' treatment apparently normal and after thirty days' parole was discharged recovered.

No. 35858.—Age, thirty-five; Hebrew; married; tailor; father intemperate; habits normal. Physically, he was much emaciated and in the third stage of tuberculosis; a sudden depression with

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homicidal attempts followed a family quarrel; in one month he had recovered.

No. 36399.—Age, forty-two; single; steamship fireman; temperate; chancre at twenty-four; depressed fracture of skull at thirty-nine, followed by an occasional epileptic seizure; in the second stage of tuberculosis. Onset sudden, of simple depression and irritability without false sense perceptions, delusions or intellectual defect. Still under treatment.

No. 35242.—Age, twenty-six; single; locksmith; in the late Russia-Japanese war, where he sustained a gunshot wound on the left side of the neck; habits were normal; a sister was very neurotic. The onset was sudden, characterized by insomnia, irritability and depression; he conceived an affection for a young lady whom he did not know, and pressed his attentions upon her, showing marked judgment defect; he was at all times much lowered emotionally; for a short period he presented some negativism; at no time could deterioration be demonstrated. Patient was deported, improved, before his case could be observed.

No. 35374.—Age, twenty-five; single; tailor; Italian; no family history; habits immoral; physically, much emaciated, a large cauliflower growth on the penis; a few fleeting auditory hallucinations; poorly defined persecutory ideas but marked depression which induced a suicidal attempt; still under treatment with some improvement.

No. 35006.—Age, twenty-five; single; laborer; mother, brother and sister neurotic; one brother alcoholic; first and second maternal cousins insane; a fright at two years of age; general make-up neurotic; habits temperate. Physically, he had error of refraction in both eyes; color-blind; chronic nasal catarrh. The onset was gradual, following operation on nose; there was constant depression; persecutory ideas; contemplation of suicide; judgment defect in demanding \$25,000 from physician who had operated upon him; after three months discharged recovered.

No. 36429.—Age, sixty-three; married; tailor; complete deafness of fifteen years; alcoholic; brother insane; presented marked depression with irritability; practically inaccessible on account of deafness. Still under treatment.

No. 36441.—Age, thirty-five; married; tailor; no family history; habits normal; following overwork and family discord there was marked depression with suicidal attempt; no special sense disturbances or delusions. Physically, rather marked anaemia; Hb. 70 per cent. Recovered in two weeks.

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No. 35815.—Age, forty-four; married; baker; father insane; industrious; intemperate; syphilis ten years ago. Physically, pupils sluggish; speech somewhat defective; headache; marked emotional instability with much lowering of the tone without other mental disturbance. Discharged as much improved.

No. 35284.—Age, seventeen; single; laborer; Italy; tape worm in 1905; etiology, masturbation; systolic murmur at the apex; Hb. 95 per cent; knee jerks active. Onset sudden with depression and erotic ideas. On admission apparently normal; later three days period of depression with subjective complaints of tinnitus aurium. Deported and considered recovered. •

No. 35941.—Age, fifteen; single; stenographer; England; father asthmatic; habits and general make-up normal. Physically, general nutrition impaired; terminal circulation poor; liver enlarged. Assigned cause, nostalgia. Onset sudden, following an attendance at a melo-dramatic theatrical performance; became much depressed; had unpleasant dreams; transitory, auditory and visual hallucinations; on two occasions impulsive acts. Deported after a short hospital residence. Condition recovered.

The two other cases were transfers from the Long Island State Hospital.

UNCLASSIFIED GROUP

Another rather large group, which comprises twenty-three of our admissions or a little less than 4 per cent, is the unclassified. This would seem to be a very satisfactory place for the disposal of certain cases in which we have been unable to obtain a satisfactory history or in which there is such a complexity of symptoms as to forbid our placing them in some of the more definite classes. After a series of years there is a possibility that some of the cases may be assigned. The following is a short analysis of our cases for the year:

No. 35122.—Age, thirty-four; married; laborer; a second cousin insane; moderately alcoholic; arrested for larceny, and, while in the penitentiary, attempted suicide; committed to Matteawan and from there here. On admission, a slender-built man; exaggerated deep reflexes; pupils unequal, but good reaction to light and accommodation; Hb., 75 per cent. Mentally, he suffered from auditory hallucinations, mentally somewhat retarded; had one epileptiform convulsion; on two occasions committed impulsive acts. His general make-up was impaired. Discharged recovered.

No. 35214.—Age, forty-two; Russia; married; pedler; no definite history; had attacks at twenty-eight and thirty-five, with

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recovery; suffered from auditory hallucinations; inconsistent emotional reaction; made impulsive acts. Discharged as unimproved and deported.

No. 35339.—Age, thirty-three; China; laundryman; well nourished physically. Found wandering about the street in nude condition. On admission inaccessible to the examination; later deported.

No. 35396.—Age, fifty-nine; German; machinist; moderately alcoholic, but industrious. Physically, much emaciated; arteries sclerotic; totally blind for twelve years; diminished deep reflexes; mentally, he was only partially accessible; mute and resistive; ideas of fear; auditory hallucinations; depression. Death followed soon after admission.

No. 35517.—Age, thirty-one; Italy; married; bookkeeper; no heredity; habits good. Physically, some evidence of syphilis; extensive scar on neck from old operation; tachycardia; impaired resonance over both apices. Mentally, inconsistent acts; unsuccessful in new projects; ideas of persecution regarding the Black Hand; visual hallucinations; suicidal attempt; inaccessible after admission; rapid emaciation. Death.

No. 35685.—Age, thirty-three; German; laborer; single; no history. Physically, friction sound over right lower thorax; partial deafness on the left side; knee jerks unequal. Mentally, marked psycho-motor unrest for short periods; homicidal attempts; fleeting periods of ecstasy with amnesia for these. Deported.

No. 35694.—Age, twenty-seven; laborer; single; no history. Physically, emaciated; heart rapid and weak; Hb., 80 per cent; hyperpyrexia; delirium followed by death. Autopsy negative.

No. 35743.—Age, twenty-five; single; Russia; laborer; no anamnesis. Physically, old scar on penis; anæmic; reflexes moderately increased; tremor of the fingers. Mentally, complaints of inadequacy; emotional indifference; failed to co-operate to any extent. Deported.

No. 34456.—Age, twenty-three; single; laborer; colored; no anamnesis; probably alcoholic. Physically, well nourished. Increased psycho-motor activity; emotionally elevated; stream of thought incoherent; inaccessible. Transferred.

No. 35835.—Second admission; age, forty-three; Russia; married; tailor; no reliable anamnesis. Physically, well nourished. Mentally, subjective complaints of weakness with a mild persecutory trend; lowered emotional tone; at times auditory hallucinations. Still under observation.

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No. 35766.—Age, fifty-three; Russia; laborer; no history; inaccessible; deported.

No. 35192.—Age, twenty-three; baker; single; negative family history; moderately alcoholic; masturbated to excess; normal, physically; periodical attacks of confusion. Deported.

No. 35921.—Age, thirty-five; Austria; miner; probably alcoholic. Physically, negative. Mentally, ideas of fear of death; prayed on the street; arrested; inaccessible. Deported.

No. 36106.—Age, twenty-seven; Greek; single; no history; inaccessible. Death.

No. 36107.—Age, twenty-five; Austria; laborer; single; intemperate; auditory hallucinations; ideas of fear; shallow emotional reaction; silly behavior. Still under observation.

No. 36156.—Age, seventy-eight; bookbinder; married; had normal irritability; could not be kept in a home for the aged; no memory defect; no false special sense condition or delusions. Under observation.

No. 36269.—Age, thirty-four; Russia; married; tailor; alcohol in moderation; cause psychic trauma. Physically, Hb., 80 per cent; ptosis of left eyelid; diplopia at ten feet; persistent headache with projectal vomiting. Mentally, decided slowness in counting and writing; some memory defect; emotionally unstable. Discharged without sufficient time for observation.

No. 35654.—Age, fifty-one; laborer; widowed; United States; family history negative; very alcoholic. Physically, deep reflexes active; slight arterial thickening. Mentally, quiet and agreeable; drifts without any apparent meaning; inaccessible. Under observation.

No. 36516.—Approximate age, fifty-nine; no occupation; committed after an attempt at arson and disturbing a religious meeting; inaccessible. Under observation.

No. 36259.—Age, sixteen; laborer; Italy; family history negative; habits normal. Physically, dullness in right apex; knee jerks absent; red blood cells, 1,200,000. Mentally, mute; refuses food; untidy. Still under observation.

No. 36290.—Age, fifty-four; German; waiter; married; family history negative; very alcoholic; liver complaint at fifteen; headache and vertigo during the past five years, accompanied by muscular spasms of both hands; double internal strabismus; Romberg present; reflexes active; pupils equal, but no reaction to light or accommodation; coarse muscular tremors. Mentally very apprehensive; fragmentary replies; somatic complaints, with much

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anxiety; auditory hallucinations; date discrepancies; approximate orientation; memory for recent events poor; calculation prompt and correct; good retention; writing showed marked tremors, but legible.

MANIC DEPRESSIVE PSYCHOSES

Under this group we have diagnosed forty-one cases, or about 6 per cent; twenty were suffering from their first attack; fourteen the second; three the third; two the fourth and two had five or more attacks. In twenty-two cases heredity was the assigned cause. In twenty of the total number alcohol was the prominent etiological factor. In ten cases both alcohol and heredity played an important part. Five of the cases were under twenty years of age when first admitted; the eldest was over fifty and in his second attack. The average age of those suffering from the first attack was twenty-four years. As this group is quite definitely understood, it would seem unnecessary to go into details regarding the cases, but, inasmuch as two of them were especially interesting a short summary is given of them.

No. 35671.—Age, fifteen; United States; newsboy; colored; paternal grandmother had delusions of persecution; maternal grandmother died of paralysis; father alcoholic and syphilitic. The patient was a bright child. The onset was sudden, following slight physical and psychic trauma; following these he became restless; imagined that he was strapped to his bed; imagined that he heard the neighbors say that he was crazy, and struggled to get away from his imaginary persecutors. On admission was quiet; responded promptly; uttered spontaneously religious platitudes; had partial insight; no deterioration; forty days later he was emotionally lowered; semi-cataleptic; muttered to himself; made peculiar grunting sounds; wandered aimlessly about; six days later assumed constrained attitudes for long periods and was mute; one week later showed increased psycho-motor activity and was agreeable; one month after this, July eighth, dull; moved his head slowly from side to side, his lips moving; he gave a retrospective account of auditory hallucinations. July fifteenth, movements slow, but well directed. On the twenty-second, over-active. On the twenty-third, insight into past episode with poor explanation; auditory hallucinations in retrospect; good grasp. On the thirty-first moderately over-active. August second, very active; emotionally elevated; distractable; flighty. August fifteenth, slightly over-active, but not flighty or distractable. September thirtieth, much improved, without evidence of deterioration.

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No. 32885.—Age, eighteen; Greek; laborer; single; no heredity; arm amputated two years ago; marked anatomical stigmata. Mental symptom complex covering four months; peculiar mannerisms; echopraxia; constrained attitudes; lack of ethical sense; long continuance of auditory hallucinations without any apparent cause; variable in his orientation for time; fair grasp but some memory defect; later sudden onset of increased psycho-motor unrest; destructiveness; acceleration of stream of thought with flight of ideas; distractable; attention defective; emotionally elevated; later apparent recovery.

In both of these cases certain well-defined catatonic symptoms were found, carrying one's mind strongly towards the dementia praecox group.

When we were first introduced to this new grouping of our old manias and melancholias, it would seem that we were blinded by the glowing reports that in all cases recovery might be expected. Continued observation, however, denies us the pleasure of anticipating such a happy result, as undoubtedly a few continue typically manic from year to year, without showing a tendency to restoration and without demonstrable evidence of deterioration. Therefore, if our grouping is correct, a guarded prognosis must be given in not a few of such cases.

DEMENTIA PRAECOX

As noted in our report of last year, that apparently too many cases were assigned to this group, we have, without attempting to divert a praecox to some other classification in order to make the concept fit our assumption, diagnosed 119, or a little over 17 per cent.

The group of constitutional inferiors has not been inflated owing to this result, as possibly might have been anticipated, as in this latter division the percentage remains about the same as last year.

The average age in our cases of precocious dementia on admission was a little over twenty-five years as against twenty-six years for the year ending September 30, 1906. It would seem of little value to go into further details regarding this class.

TRAUMATIC PSYCHOSES

The percentage of admission under this heading shows a considerable decrease as compared to last year. We give in abstract the five cases that came to us for consideration:

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No. 35516.—Admitted February 21, 1907; age, fifty-one; watchman; married; intemperate; father insane; no lues; has had several delirious episodes between 1884 and the time of admission, due to alcohol. January 20, 1907, fell fracturing his skull at the base; unconscious for two days; followed by active delirium for two weeks; subsequently garrulous; disoriented and mistook identity. Physically, on admission, purulent discharge from the right ear; weakness of the muscles of the right side of the face; later cerebral abscess and death March 21, 1907.

No. 35996.—Admitted May 28, 1907; age, forty-seven; single; a sailor; temperate; no lues; heredity denied; fell from steamer mast in 1885; was unconscious for several days afterwards, his head was twisted to one side and he was looked upon as simple and childish; in 1902, he had an attack of confusion with marked memory defect of two months duration. On admission confused; grasp poor; marked memory defect and general deterioration. Discharged June 10, 1907, as improved.

No. 36117.—Admitted June 27, 1907; age, twenty-three; Ireland; single; common school; temperate; no venereal taint or hereditary tendencies. June sixteenth fell three stories; fractured leg and was unconscious for several hours.

On admission marked mental confusion; fleeting auditory hallucinations; fabricated freely regarding the accident to his leg; had no real memory of the accident; returned gradually to his normal state and was discharged August 13, 1907, as recovered.

No. 36114.—Admitted June 27, 1907; age, forty-six; Ireland; married; stableman; moderate alcohol; maternal uncle defective. He was competent and normal until 1896 when he was sand-bagged; remained unconscious for three days; was in the hospital for nine months in a stupid state, failing to recognize old acquaintances; this was followed by memory defect; in 1901, had an operation with some apparent memory improvement. During the whole period he had ideas of persecution directed against his wife and children. At present there is some apparent mental dilapidation without delusions.

No. 36539.—Admitted September 25, 1907; age, forty-four; single; miner and prospector; moderate alcohol; heredity and lues denied; double optic atrophy preceding injury; one month before admission an injury to the occipital region followed by an unconscious period lasting six hours, accompanied by hemorrhage from the ear; later delirious; stream of thought drifting with many reminiscences regarding his mining experiences. On admission

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confused; ideas of wealth; memory for recent and remote events poor. No apparent prospect for recovery.

As shown, only one case recovered, one improved, one died and two remained under treatment with no prospects for recovery.

We conclude from these cases that there is no definite clinical picture and the prognosis is very poor.

INTOXICATION PSYCHOSES

As in previous years alcohol has been the direct etiological factor in a large number of our admissions. This year shows 114 cases, or about 16 per cent, about 3 per cent more than in 1906. Divided into groups .082 per cent were of the acute form, which includes a delirious, confusional and those of a paranoic trend; .061 per cent were deteriorated and .02 per cent presented the typical mental and physical Korsakow syndrome. These percentages show approximately only 50 per cent of recoverable cases. The average age on admission was forty-two years. The relation of the deteriorated cases who present memory defect with fabrications, without any very definite physical symptoms, seem to be rather intimately connected with the Korsakow group and were it possible to secure a complete history we would no doubt find that have at some time been victims of polyneuritis. In retrospect we see many of former Korsakows in the hospital nearly or quite fully restored physically.

A large number of alcoholic psychoses in this district are restored in various hospitals in the city without reaching us, consequently our admissions in this group are probably relatively smaller than State hospitals more fortunately situated, and as a result our recovery rate is somewhat lessened.

DEMENTIA PARALYTICA

Of this well-defined group there was committed 145 cases, or a little over 20 per cent of the total number of admissions. This increased number over the preceding year may possibly be explained on the ground of greater precision in diagnoses due to spinal puncture and autopsy findings. The average age on admission was between forty and forty-one years. The youngest fourteen and the eldest sixty-five. In 66 per cent we obtained a definite history of the abuse of alcohol. The relation of syphilis to this disease is presumably well established in the minds of the profession, but reliable data in all cases is difficult to obtain. For the present year definite history of luetic infection was definitely

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established in only 54 per cent. In thirty-four it could be assumed on fairly reliable grounds, but in the remaining twelve infection was absolutely denied. In view of the fact that this is the class which in the past has contributed the greatest amount of censure to the hospital from accidents followed by unpleasant newspaper notoriety, the question of preventing this condition thrusts itself upon one's mind. While adverse to the indiscriminate use of sedatives in any class of cases, it would seem that in this group we have a field where they are strongly indicated to prevent self-injury, inasmuch as the parietic holds forth no prospect of ultimate recovery.

PARANOIC CONDITION

This psychosis contributed between 7 and 8 per cent of the admissions compared to 9 per cent of last year. Their average age on admission was thirty-seven years. Nothing new has appeared in this complex. While from this class we find our most dangerous individuals, yet with careful consideration we are able to select a considerable number who do not require continued hospital care. After a comparatively short period of residence many of them show a decided quiescence; appear safe both to themselves and the general public and can be discharged. Ten cases of this character were sent home and still remain out of the hospital in a fairly comfortable state.

The other groups comprise such a small place as regards number that they do not require special mention.

RECOVERIES

In reviewing the admissions for the year and comparing the number of recoveries obtained one feels the necessity of weighing results as to whether they are satisfactory or otherwise, and, if comparatively small, why? In the men's department we find a very satisfactory gain over the year 1904, but compared to the glowing results reported from some other hospitals, we might be considered quite deficient. We note in going over the percentage of recoveries given in the annual report of ten hospitals for the insane in the United States for the year 1906 that the numbers range from 14 to 60 per cent for male patients. The question arises, Is insanity of such a different phase in one section from that in another as to justify a variation of 46 per cent? In this institution, a liberal estimate of unrecoverable cases admitted during the year ranges from 70 to 75 per cent, as follows:

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Per cent

General paralysis	.21
Dementia praecox	.17
Chronic alcoholic psychoses	.07
Paranoic condition	.08
Senile psychoses	.06
Epilepsy	.03
Constitutional inferiors	.03
Unclassified	.02
Depressions not differentiated	.01½

Smaller miscellaneous groups making up the balance.

TABLE "A"

CLASSIFICATION OF PATIENTS ADMITTED DURING THE YEAR
ENDING SEPTEMBER 30, 1907

Alcoholic psychoses (including Korsakoff psychosis)...	196
Constitutional inferiority	55
Constitution psychopathic state	5
Drug psychoses	5
Depressive hallucinoses	28
Depressions not differentiated	56
Infective-exhaustive psychoses	49
Infective-exhaustive psychoses, allied	14
Dementia praecox	292
Dementia praecox, allied	28
Epileptic psychoses	34
Hysterical psychoses	5
Imbecility with insanity	8
Involutional psychoses	33
Involutional psychoses, allied	10
Manic-depressive insanity	179
Manic-depressive insanity, allied	47
Paranoic conditions	107
Paresis	183
Psychoses with neuroses	4
Senile psychoses	116
Organic brain disease	19
Unclassified	32
Symptomatic melancholia	3
Traumatic psychoses	6
Not insane	2
Total	1,516

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TABLE C
SHOWING DEVELOPMENTAL PERIODS OF PSYCHOSES
Forms of Psychoses for the Year Ending September 30, 1907

AGE ON ADMISSION	Dementia præcox	Allied to dementia præcox	Constitutional inferiority	Epileptic psychoses	Infective exhaustive psychoses	Manic-depressive psychoses	Allied to manic-depressive psychoses	Alcoholic psychoses	Drug psychoses	Depressive hallucinosis	Depressions not differentiated	Hysterical psychoses	Paresis	Paranoid condition	Melancholia of involution	Senile psychoses	Organic brain disease	Traumatic psychoses	Thyrogenous psychoses	Psychoses with neuroses	Melancholia symptomatic	Unclassified	Not insane	Total
Twenty and under	59	4	13	1	6	28	9	1	...	2	7	...	1	1	...	...	1	1	...	...	...	1	...	...
Twenty to twenty-five	66	11	15	7	13	45	8	4	...	4	7	2	4	3	...	...	...	...	...	...	1	2	...	...
Twenty-five to thirty	57	6	9	3	14	26	8	21	...	4	10	1	11	10	...	...	...	1	...	...	1	6	...	...
Thirty to thirty-five	48	1	12	5	11	20	6	37	...	3	7	1	38	20	...	...	...	...	...	...	1	2	...	...
Thirty-five to forty	36	2	19	10	8	14	7	39	1	8	11	...	40	26	3	1	...	...	...	...	1	5	...	...
Forty to forty-five	13	1	3	5	5	14	4	30	1	1	5	1	26	18	12	1	...	...	...	2	...	3	...	...
Forty-five to fifty	5	3	3	1	4	12	1	27	1	4	6	...	13	12	14	3	...	...	1	...	1	...	...	...
Fifty to fifty-five	3	1	3	1	1	10	2	19	...	1	1	...	7	8	8	5	...	...	...	...	...	...	...	...
Fifty-five to sixty	3	...	1	1	...	6	1	9	2	2	...	...	4	6	2	13	...	...	...	...	...	...	...	...
Sixty to sixty-five	...	...	...	...	1	2	1	8	...	...	3	...	...	...	...	26	...	...	...	...	...	...	...	...
Sixty-five to seventy	...	...	...	1	...	...	...	1	...	...	...	...	...	1	1	23	...	...	...	...	...	...	...	...
Seventy to eighty	1	...	...	...	...	...	...	...	...	...	...	...	...	2	1	23	...	...	...	...	1	...	...	...
Eighty and over	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	29	...	...	...	...	...	...	...	...
Unknown	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...
Total	292	28	68	34	63	179	47	196	5	28	56	5	183	107	43	116	19	6	...	4	3	32	2	1,516

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HOSPITAL WATER SUPPLY

Referring to the accident which occurred to the 12-inch main of the Croton water supply last year, I would report that in order to avoid future complications similar to that which involved the hospital, a new 12-inch line has been laid across the river from the New York side. The hospital has now available two 12-inch lines and one 6-inch line. If any one line is accidentally thrown out of commission, the other two lines would be available so that the hospital may reasonably expect a sufficient and steady supply of water.

REPORT OF PATHOLOGIST

In the laboratory of the Manhattan State Hospital during the past year, 147 autopsies have been performed which represent 33.5 per cent of the total deaths during that period. This number shows the surprising increase of 66 (81 per cent) over last year.

The use to which this material has been put consists of demonstrations to the staff at the time of autopsy, where the physician who has observed the case at the bedside is offered every opportunity to criticise his clinical observations. On Friday afternoons an informal demonstration of the accumulated material of the week is held, at which time the broader relations of the disease processes, both clinically and pathologically, are discussed. At the monthly staff meetings cases which had been examined microscopically were presented from time to time.

The anatomical material of this hospital has again, as in former years, formed the basis of instruction in gross and microscopic pathologic anatomy for those physicians who have attended courses in the Pathological Institute.

Again on the basis of fifty consecutive cases, a paper on the relation of arterio-sclerosis to mental disease was prepared and presented at the meeting of the American Medico-Psychological Association at its meeting in Washington last May.

As an example of the work done in this laboratory, I would submit the following summary of anatomical findings in 100 consecutive cases personally observed. This table consists of a first column of statistical data, a second containing the principal cause of death, a third contains the gross findings in the central nervous system, and following this a series of eleven subdivisions in which

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

the complicating conditions are tabulated. From the headings of the columns, I trust they are self-explanatory.

It is not proposed in the narrow confines of a report to cite the numerous interesting features of the table, but a few of the more important statistical facts may be mentioned. Forty-six per cent of the cases were males, 54 per cent females, only 6 per cent of the total number were negroes. The clinical diagnosis of the psychoses in 30 per cent of the cases was general paralysis, in 18 per cent senile dementia, in 16 per cent dementia praecox, in 7 per cent arterio-sclerotic brain disease, in 5 per cent each infective psychosis, delirium and involutional melancholia, in 4 per cent manic-depressive insanity, in 3 per cent epilepsy and in 1 per cent each Korsokow's psychosis, tubercular meningitis, senile epilepsy, symptomatic depression, imbecility, alcoholic psychosis and not insane (typhoid fever).

From the pathological view point on the other hand, seventy-six per cent died of some form of infection, included in which are 12 per cent of pulmonary tuberculosis, but does not include those cases in which tuberculosis is found as a complication. Cardiac conditions, including both valvular disease and marked dilatation in asthenic states are responsible for 12 per cent of the deaths. Carcinoma occurred in 3 per cent, valvulus of the small intestines, marked gastric over-distention, marked internal haemorrhagic pachymeningitis and suicide are each responsible for one of the deaths; and finally what may be denominated a cardio-vascular nephritic complex, meaning by that a generalized arterio-sclerosis with symptoms especially referable to these organs, led to the death of four of the cases.

Another phase of the work is a supervision of the clinical laboratory work. It is unfortunately true that all graduates of practically all medical schools cannot be relied upon for such simple technical procedures as the staining of tubercular bacilli, and the proper examination of urine, especially the interpretation of the microscopic picture. Such work, which is usually assigned to the junior members of the staff, needs considerable supervision. The economic importance of the early recognition, and consequently isolation of cases of tuberculosis or of diphtheria, is self-evident. To this end the suggestion made to the State Commission in Lunacy for the appointment of an assistant, who was to devote a portion of his time to the supervision of clinical laboratory work, resulted in a favorable action, and led to the recent appointment

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of Dr. F. G. Schaible. Dr. Schaible has, in addition to the work outlined above, the bacteriology of the autopsy room in selected cases, and it is purposed to arrange the work in a direction, tending to supply the extremely necessary missing links, between the isolation of a diphtheroid bacillus in cases of general paralysis and any possible causal relationship which might exist between the bacterium and the disease process, as is maintained by Ford Robertson, etc.

In conclusion, the laboratory has been called upon a number of times for the examination of new growths where the question of malignancy was involved.

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IMPROVEMENTS DURING THE YEAR 1906-07

The following special work which was under way at the beginning of the fiscal year has been completed:

A corrugated iron siding and roofing over the city dock.

A fire-escape with balcony at the second and fourth floors, connecting with the old balcony at the third floor at the center of the Main Building, East Division. These floors are occupied by officers and employes.

Rewiring of the Superintendent's residence.

Repainting kitchen No. 3, and dining-rooms Nos. 2, 3, 4 and 8, and clerk's dining-room.

Extension to laundry, providing more space in the receiving and sorting room.

Overhauling the steam-heating system, Main Building, East Division.

Steel ceilings in Wards 36, 37, 41, 42 and 43.

Spray baths and toilets in the center of the East Building, East Division, for employes occupying these quarters.

Congregate spray bath in basement of Verplanck building.

Changing steam pipes and location of toilet-rooms in the medical offices and hallways.

Addition to cold-storage building.

The following work was begun and completed during the year:

A large addition to the operating room of Ward 24, so constructed as to provide ample light for operations, and thoroughly fitted up with modern instruments and appliances.

Two additional wooden pavilions with the necessary furniture, providing additional capacity for sixty patients.

Four new American washing machines 37 x 64, were installed in the laundry.

The bath-room enlarged, and a new bath tub installed in the Catholic chaplain's apartments.

Painting the interior of the new addition to the staff house.

A sitting-room pavilion, 30 x 80, for use during the day of the patients occupying the pavilions for women at the south end of the island, and the necessary furniture supplied. This pavilion is open during the summer months, being protected during rainy weather by canvas curtains; in the winter it is enclosed with glass.

A bath-room for the resident steward on the second floor of the Main Building, East Division.

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Twenty-five hundred dollars, appropriated by the State Commission in Lunacy for additional furniture was expended, and the furniture has been received and put in use.

Eight arc lamps, with the necessary wiring, etc., have been installed on the grounds of the East Division, the grounds of the west side having been supplied with arc lamps about three years ago.

A building for infectious and contagious diseases at the south end of the island on the west side, and the necessary furniture supplied.

Five lavatories and a spray bath installed in Ward 31.

A new landing at the passenger dock for the new steamer "Wm. L. Parkhurst."

A garbage-destroyer, Morse-Boulger type, size 18 x 8 x 8 feet, in connection with the East building boiler-house for the destruction of all garbage, which was heretofore buried near the north shore of the island.

The cement platform approach east of Ward 5 was taken up and relaid during the year. This was necessary, as the timbers were decaying and the old approach was unsafe.

An electric stove and two electric irons have been provided at Ward 59, the hospital ward for the men's division; the irons to be used in pressing out small articles of clothing as necessary in this ward, and the stove for preparing small quantities of food for sick patients.

One five-ton Universal steam-road roller has been purchased for use in building and repairing roads.

A new twelve-inch water main from Pleasant avenue and One Hundred and Seventh street, New York city, to Ward's Island has been installed. This connects by a Y with the old twelve-inch line, thereby giving us protection in the event of one or the other being broken.

The floor at the north end of the room adjoining the medical offices, formerly occupied by the Manhattan State Hospital, West, as a drug store, and the hallway adjoining that room, has been lowered to the level of the other office floors.

An extension has been built to the purchasing steward's office, providing additional space which was needed.

Partitions have been built in the basements of Wards 47 and 48, Main Building, East Division, providing single rooms for employes who are obliged to room there on account of the limited accommodations in the employes' homes and on the wards. These

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rooms have been rewired and provided with proper light, and the necessary furniture has been purchased.

Sixty-two air valves have been installed in connection with the heating system of the East building, thus temporarily improving this system, which it is desirable to overhaul and improve as soon as possible.

Three thousand cubic yards of material have been removed by dredging in front of the coal dock.

Four hundred cubic yards of trap rock and screenings have been purchased for building and repairing roads.

The freight and passenger docks on the west side of the island have been improved by covering them with five inches of concrete and cement.

A new hot-water tank was purchased and installed in the basement of dining-room No. 8 to provide hot water for Wards 17 to 21, dining-room No. 8 and the congregate baths in the basement, the tank formerly in use there being too small.

A continuous bath outfit, consisting of two bath tubs and a controlling table, was installed in Ward 13, and four new lavatories were provided.

Steel ceilings were installed in Wards 44 and 45 and the wards repainted.

The following repainting was done during the year:

Interior of Wards 36, 37, 41, 43, 47, 50, 51 and 53.

Interior of cold-storage building.

Interior and exterior of Camps C and D.

Interior and exterior of the city dock house, foot of East 116th street.

Interior of sitting-room and dormitory, Ward 61, and sitting-room of Ward 62.

Porches of the new building.

The following work is now under way and will be completed during the coming year:

The Standard Electric Construction Company are rewiring the Main and East buildings and the Men Employes' Home, East Division. This work is now well under way and will be completed in the near future.

The Legislature has provided an appropriation of fifteen hundred dollars for the construction of a poultry building, which is now nearing completion.

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Material and labor have been allowed by the Commission for renovating and repainting Wards 11 and 12. This work will not be done, however, until after the completion of three wooden pavilions to be erected during the next year, when the tubercular patients in Wards 11 and 12 will be removed to these pavilions, and the wards reconstructed and prepared for occupancy by another class of patients.

Material has been allowed by the Commission for installing an engine and generator, with the necessary wiring, on the ferry-boat, to provide electric lights in place of the oil lamps now in use, thus avoiding danger from fire.

Under legislative appropriation of one thousand dollars, a congregate spray bath for the use of the men in the Main building, East Division, is being constructed in the basement of Ward 48; in connection with this, the necessary dressing-rooms are also being equipped.

Ten thousand dollars has been appropriated by the Legislature for additional laundry equipment. This material will be installed as soon as it can be delivered by the contractor.

One Hamilton lathe, 16" by 10', one Acme shaper, 22", one radial drill, 2½', and other smaller machinery have been provided for the engineering shop, and one hand planer and jointer, 16", one revolving swing saw, and other smaller machinery for the carpenter shop. This material is being set up and placed in use as rapidly as received.

SUGGESTIONS FOR IMPROVEMENTS FOR THE
COMING YEAR

- | | |
|---|---------|
| 1. Additions and changes to the electric lighting plant | \$2,000 |
|---|---------|

This includes making the electric lighting plant a complete 3-phase one, and the rewiring of a few defective places in the hospital.

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|--------------------------------|-------|
| 2. Road construction | 2,000 |
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As submitted before the Commission we find it necessary to add additional construction to the roads of the island to the amount, as requested herein, annually, until we have a complete reconstruction of roads, many of which yet have no underdraining or properly constructed roadbed.

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Roads on the east side will have to be graded and underdrained, this never having been done.

3. Nurses' Home \$85,000

The erection of this home should no longer be deferred as we have now 180 employes sleeping in our wards and basements. The institution has become so crowded that we have to alternate with Central Islip in admitting new patients and the relatives of these patients are therefore put to the expense of making the trip of fifty miles to that institution. The Central Islip Hospital will soon become crowded and they will be unable to relieve us as they have in the past.

Inasmuch as the city, under legislative enactment, will have to pay for the improvements made by the State on the property on Ward's Island, it does not seem that the short tenure of office (six years) should be considered as operating against this appropriation.

Not only the comfort but the health of the patients and employes will be endangered by further overcrowding.

4. Area around Annex building 2,500

The dining-room in the basement of this building is damp and unsanitary, and after conference with the State Architect, it has been deemed feasible to build an area with the idea of remedying this state of affairs.

5. Furniture 2,500

Many of the wards of this hospital are inadequately furnished and contain much of the old furniture left over by the Department of Public Charities of the City of New York when the State assumed care of the insane.

6. Placing wires underground 10,000

The necessity for this was pointed out by our former chief electrician who is now connected with the State Architect's office. The wires at present in use overhead are heavier than we need, and if sold as old copper would meet part of the expense.

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7. Roofs for pavilions..... \$750
 In resubmitting this proposition it is for the purpose of using prepared roofing instead of metal, and the item asked for this time is \$750 instead of \$1,200.
8. New beds to replace old ones..... 11,000
 Over two thousand patients' beds are of the old strap-iron design used by the Department of Public Charities of the City of New York, and were inherited by this institution when the change from county to State care was made. They are uncomfortable and now worn out and should be replaced.
9. Cement sidewalks 1,000
 For the past few years this amount of money has been expended for new walks and we should continue the work along these lines.
10. Renewals to steam lines, East building, and Men Employes' Home 9,000
 We again include this item in the request for legislative improvements, with the understanding that the State Architect is to thoroughly overhaul our plans and specifications, and determine what is actually necessary.
11. Window screens 3,400
 Many of the dining-rooms and sick wards are not supplied with screens and during the summer and early fall the flies are a great nuisance. Furthermore, flies are carriers of disease and therefore a menace to the health of the institution. Having had an outbreak of typhoid fever last year, the cause of which we have been unable to ascertain, we were put to considerable extra work to destroy the flies in the wards occupied by these cases.
12. Surfacing of the city dock with cement and finishing north end of coal dock at the island.... 1,500
 We believe that the practice of using cement in place of resurfacing these docks with expensive lumber is going to prove a great saving to the

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institution in the expense of maintaining the docks from year to year, and for this reason we have included this item of repairs in the manner indicated.

13. Extension to the Poultry building..... \$1,500

We have erected just about one-third the desired space for the keeping of chickens and ask that this one-third additional be allowed in the coming legislative appropriation to carry on this work of completion.

14. Extension to carpenter shop..... 2,900

In asking for this item it is our desire to discontinue the carpenter shop on the east side of the island. The present carpenter shop on the west side is inadequate for the demands of the institution, it being an old-fashioned building erected for an entirely different purpose. By adding this extension and centralizing the lumber yard, adding item of lumber shed, we shorten the haul of all material and concentrate the carpenter force at that one point. At the same time we will be enabled to do all our furniture repairing, mat making, mattress making, and all general manufacturing now done in this division in the building which we will vacate as a carpenter shop.

15. Paint shop 700

By taking the present lumber shed on the east side and remodeling it we will be able to vacate the second floor now occupied as carpenter and paint shop, leaving that building entirely free for industrial work and concentrating the painting in one building.

16. Sea wall 15,000

As pointed out to the Commission, it is desirable to continue the sea wall from the central point of the south end of the island to the point at the northeast of the island where the wall begins again, enabling us to fill in to a considerable extent and enlarge the area of the island and maintain the property in better condition.

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|--|-------|
| 17. Tile floor and galvanized-iron ceiling in sterilizing-rooms of operating-room, Ward 59.... | \$170 |
| 18. Completing tile floor in hydrotherapy-room, Ward 36, and providing galvanized-iron ceiling in entire room..... | 225 |
| 19. One pavilion | 3,000 |

We need a pavilion at the east side to be used in addition to the present camp for tuberculosis (Camp K). During the past summer we have supplemented the camp with a canvas tent, but this is not practicable in the winter. The amount requested will build a camp accommodating forty patients, adding that much to the permanent capacity of the institution, and enabling us not only to give our male tuberculosis patients the most modern treatment, but lessening the danger of infection of other patients on the wards.

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|---|--------|
| 20. Repairing cold-storage plant and providing additional ice-making capacity | 10,000 |
|---|--------|

Our cold-storage plant must be thoroughly overhauled. Investigation shows that the entire insulation will have to be removed, new insulation provided and ventilation added. At present there is no ventilation, therefore, there is a great deal of moisture, with the result that the floor and woodwork have all rotted, and will have to be removed. At the same time it is proposed to enlarge the ice-making capacity to meet the present needs of the institution.

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| 21. Additional laundry equipment..... | 4,100 |
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With the increase in the number of our patients, larger washing machines must be provided, if we are to do this work within the space occupied by the present laundry. Our laundry is insufficiently equipped for mangling clothes, so that at times night shirts, sheets and pillow cases have to be sent to the wards without being mangled. The amount requested will provide an additional mangle and three washing machines.

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The necessity for the mangle was pointed out to the Governor during his visit on November twentieth.

22. Increase in accommodations for medical staff. . . . \$12,000

The present staff-house and quarters in the main building are insufficient to meet the needs of the institution. With the sum requested, we can either make an addition to the staff-house, or make such changes in other parts of the institution as will provide the accommodations we need.

CHANGES IN MEDICAL STAFF

The following appointments were made during the year:

- Dr. D. Parker Card, junior physician, December second.
- Dr. Louis P. Dosh, medical interne, February twenty-fifth.
- Dr. Harry B. Avery, medical interne, April first.
- Dr. Thomas D. Macdonald, medical interne, April first.
- Dr. Harold W. Wright, junior physician, April nineteenth.
- Dr. Lee Roy Dunbar, medical interne, May first.
- Dr. Charles A. Foster, medical interne, May second.
- Dr. Nishan A. Pashayan, junior physician, May eleventh
(transfer from Kings Park State Hospital).
- Dr. Wm. F. Lorenz, junior physician, May sixteenth.
- Dr. John C. Hamilton, medical interne, May twenty-seventh.
- Dr. John W. Keeler, medical interne, June eleventh.
- Dr. Charles B. Palmer, medical interne, July third.
- Dr. Wm. C. Garvin, reappointed junior physician, July fourth.
- Dr. Paul T. Harper, medical interne, July sixth.
- Dr. Frank G. Schaible, clinical laboratory assistant, September first.

The promotions were as follows:

- Dr. Dwight S. Spellman, to second assistant physician, October first.
- Dr. Thomas D. Macdonald, to junior physician, May twenty-ninth.
- Dr. Morris J. Karpas, to assistant physician, June sixteenth.
- Dr. John S. Richards, to junior physician, August twelfth.
- Dr. Nishan A. Pashayan, to assistant physician, August twenty-sixth.

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The following resignations have occurred:

- Dr. Sherman Brown, junior physician, October thirty-first.
- Dr. John D. Crane, medical interne, January fourteenth.
- Dr. Lafayette Lake, medical interne, March fifth.
- Dr. Joseph W. Moore, junior physician, March eleventh
(transferred to Pathological Institute).
- Dr. Fred J. Conzelmann, medical interne, April first.
- Dr. John L. Pomeroy, medical interne, April sixth.
- Dr. Herbert C. Woolley, medical interne, April sixteenth.
- Dr. D. Parker Card, junior physician, April twenty-second.
- Dr. Sylvester F. O'Day, junior physician, May first.
- Dr. Lee Roy Dunbar, medical interne, May thirteenth.
- Dr. Chester Waterman, medical interne, May twenty-ninth.
- Dr. Charles W. Chapin, junior physician, August eleventh.
- Dr. Louis P. Dosh, medical interne, August thirtieth.
- Dr. Nishan A. Pashayan, assistant physician, August thirty-first.

The following deaths occurred:

- Dr. Charles A. Foster, medical interne, May nineteenth.
- Dr. Frank H. Magness, assistant physician, June fifteenth.

CLINICAL ASSISTANTS

- Dr. John M. Lawlor, resigned.
- Dr. Thomas D. Macdonald, appointed and promoted.
- Dr. Harry B. Avery, appointed and promoted.
- Dr. Lee Roy Dunbar, appointed, promoted and resigned.
- Dr. John C. Hamilton, appointed and promoted.
- Dr. Wm. F. Lorenz, appointed and promoted.

DEATHS OF OFFICERS

Dr. Charles A. Foster was appointed clinical assistant September 16, 1907, and promoted to medical interne February 1, 1907. He was pursuing special studies in psychiatry in connection with his translating a German medical work on the same subject. He was a man whom his associates learned to regard very highly. He was taken ill one evening while in town, and died suddenly on May 19, 1907, from a complication of causes involving the heart and lungs.

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Dr. Frank H. Magness was appointed to the service originally October 23, 1895, and, during his hospital experience had been detailed to different branches of the hospital at Hart's Island and Central Islip. The doctor knew the workings of this large institution thoroughly. He obtained and held the good will of his patients, and was very successful in dealing with the visitors of his patients. For some months he had been in rather poor health, and of late had been advised to absent himself from the hospital for a period of rest. However, he preferred not to take a vacation at that time. He died during the night of June fourteenth, from heart disease.

CHANGES AMONG EMPLOYEES

From October 1, 1906, to September 30, 1907, the following changes have taken place:

	Men	Women	Total
Appointments	511	246	757
Resignations	318	225	543
Dismissals	75	7	82
Dropped from roll	55	8	63
Deaths	4	1	5
Transfers from other hospitals	0	9	9
Transfers to other hospitals	2	5	7

During the recent past the changes among the men attendants have been much more frequent. It seems that we are getting more of the migratory class than ever, and a large number of our attendants seem to use the hospital as a convenience or merely a stepping stone to some expected position in the city. Our proximity to the city and the countless attractions it offers to the class from which our attendants are recruited always makes it difficult to retain them permanently.

It seems that the time is now at hand to emphasize the necessity of a revision of the schedule of wages paid those who are employed upon the wards. Certainly, we cannot expect to obtain and retain men attendants who begin at \$22 a month and advance to \$30 as attendants, and finally as charge attendants, to \$37.50. Neither can we expect to obtain and retain women with wages ranging from \$16 to \$31.25.

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Of course, it is to be said that those attendants who take the course of training at this institution may eventually obtain \$41.25 a month for men, and \$35 for women, but even these wages are little enough for the character of the work that has to be performed by them. The work in most of the wards is exceedingly trying and difficult, and, naturally, those who perform it, should receive a suitable rate of wages. It is undoubtedly true that during the past few years of prosperity we have had greater trouble than ever in filling our vacancies, as the wages paid in other lines of work are better and the privileges greater.

DEATHS OF EMPLOYEES

We regret to report the death of the following employes:

Andrew Stronquist, attendant, appointed March 3, 1906, died on October second of multiple abscesses of the liver and gangrene of the intestine.

Clinton T. Platt, photographer, appointed May 7, 1901, died on October eleventh of typhoid fever.

Mary McGillian, night attendant, appointed January 18, 1904, died on November tenth of typhoid fever, with pneumonia.

Michael Hennigan, gardener, appointed July 5, 1894, died on March twenty-eighth of consumption.

Patrick Reilly, night charge nurse, appointed November 17, 1898, died on September twenty-fourth of consumption.

VISITS OF THE STATE COMMISSION IN LUNACY

Frequent visits have been made by the State Commission in Lunacy, either as a board or as individuals, and, as heretofore, conferences of the Commission have been held at the hospital for the purpose of considering estimates and the usual matters of business connected with the institution. Dr. William L. Russell, medical inspector, has made several inspections of patients during the year, and has also visited the hospital on other occasions.

STATE CHARITIES AID ASSOCIATION

The hospital has been visited by representatives of the above-mentioned association on several occasions.

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FIRE DRILLS

The fire engine and other apparatus belonging to the New York City Fire Department, but in use on the island for the hospital, is frequently inspected and fire drills have been held at various times. Ward fire drills have also been held, and instruction has been given by the chief engineer, with demonstrations to the nurses and attendants.

RELIGIOUS SERVICES

Religious services have been continued as heretofore by the chaplains, Rev. Alfred Blewitt, Rev. T. Gardiner Littell, Rev. Rufus Duff and the Rev. Dr. A. Blum. This last addition to the religious work on the island has been of marked benefit, and is very much appreciated by the patients of the Jewish faith.

MEDICAL LIBRARY

The following books were purchased during the year for the medical library:

Radio-Therapy and its Application to Skin Disease.

Skin Diseases and Internal Disorders.

The Eye and Nervous System.

Hysteria and Neurasthenia.

Text-book of Psychiatry.

Primer of Psychology and Mental Diseases.

The Psychic Treatment of Nervous Diseases.

International Clinics. .

The Subconscious.

Multiple Personality.

Carbohydrate Metabolism and Diabetes.

Text-book of Comparative General Pathology.

Eye in Relation to Nervous System.

Pathology of Insanity.

Practical Points in Nursing.

Text-book of Nursing.

Diseases of the Nervous System.

Tabes Dorsales.

Science of Nutrition.

Chemical Pathology.

Physiology.

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Harvey Lectures.

Diagnosis of Nervous Diseases.

Physical Chemistry.

A Treatise on the Motor Apparatus of the Eye.

Diagnosis of Organic Nervous Diseases.

Archives of Neurology.

Psychological Review.

Clinical Psychiatry.

ACKNOWLEDGMENTS

The following donations are gratefully acknowledged:

Mr. Andrew J. Hope, candy and ribbons.

Mrs. Herbert L. Satterlee, pieces of carpet.

Mrs. Grace Gillette Bird, flowers for graduating class and magazines.

Mrs. Eleonora Kinnicutt, books.

Mrs. Conover, magazines.

Hospital Book and Newspaper Society, newspapers and magazines.

Rev. Alfred Blewitt, books.

Fruit and Flower Mission, Christmas greens, fruit, candy, popcorn, scrap books, tea and jelly.

Skidoo Puzzle Card Co., ten puzzles.

It is a pleasure at this time to acknowledge the cordial co-operation on the part of the staff in the development of the medical work of the institution.

To Dr. Meyer, the director of the Pathological Institute, and his assistants, I am indebted for invaluable assistance and advice.

To Dr. Evarts and Dr. Rowe, the first assistant physicians, I would express my sense of obligation for the services they have rendered.

Mr. Wheeler, the steward, and his assistant, Mr. Webb, have been most energetic and faithful in the performance of their duties, and by their assistance have lightened very much the burdens of the management of the Manhattan State Hospital.

The matron, Miss Jestley, has, in addition to her regular duties of matron, devoted a great deal of time to the work of the training school, and I beg, at this time, to thank her for the earnest work she has done and the successful results that have come in our training schools for her efforts.

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To the State Commission in Lunacy and the Board of Managers, I would express my deep sense of obligation for their uniform kindness, cordial assistance and the benefit of their experienced judgment in all matters which have been brought to their attention. They have at all times freely given of their time and experience for the benefit of this large institution, the complex problems of which are constantly with us.

Very respectfully submitted,

W. MABON,
Superintendent and Medical Director

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FINANCIAL STATEMENT

NEW YORK, *October 1, 1907.**State Commission in Lunacy:*

GENTLEMEN.—The following receipts and disbursements on account of the Manhattan State Hospital, from October 1, 1906, to September 30, 1907, are herewith reported:

GENERAL FUND

Receipts

Balance on hand October 1, 1906.....	\$6,445 99
From State Comptroller, October 1, 1906, to September 30, 1907.....	751,994 38
From reimbursing and private patients, October 1, 1906, to September 30, 1907.....	20,113 29
From all other sources, October 1, 1906, to September 30, 1907.....	7,816 91

Total receipts for maintenance October 1, 1906, to September 30, 1907.....	\$786,370 57
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Disbursements

Estimate No. 1.	Officers' salaries	\$43,292 24
Estimate No. 2.	Wages	267,115 60
Estimate No. 3.	Provisions and stores.....	278,151 89
Estimate No. 4.	Ordinary repairs	25,595 64
Estimate No. 5.	Farm and grounds.....	10,616 90
Estimate No. 6.	Clothing	32,214 50
Estimate No. 7.	Furniture and bedding.....	20,315 43
Estimate No. 8.	Books and stationery.....	4,056 56
Estimate No. 9.	Fuel and light.....	39,976 68
Estimate No. 10.	Medical supplies	5,846 11

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

Estimate No. 11. Miscellaneous expenses	\$31,055 47
Estimate No. 12. Transportation of patients	285 60
Total disbursements, Estimates 1 to 12, inclusive	\$758,522 62
Paid State Treasurer money received from patients, ...	20,113 29
Paid State Treasurer money received from other sources	7,151 69
Paid for uniform material, etc. Reimbursing estimate No. 6	582 65
Total disbursements	\$786,370 25
Balance on hand	32
	\$786,370 57

SPECIAL FUND

Receipts

From State Comptroller, during year ending Sep- tember 30, 1907	\$73,494 40

Disbursements

Sundry vouchers, account extraordinary improve- ments during year ending September 30, 1907	\$73,494 40

Respectfully,

W. MABON,
Superintendent

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

STATISTICAL TABLES

SPECIAL TABLE NO. 1

Number of physicians.....	30
Ratio of physicians to patients.....	1 to 145.9
Annual per capita cost of medical service.....	\$8.5170

SPECIAL TABLE NO. 2

Number of employes.....	757
Ratio of employes to patients.....	1 to 5.78
Ratio of attendants to patients.....	1 to 9.3
Annual per capital cost of employes.....	\$61.0271

SPECIAL TABLE NO. 3

Recoveries

	Percentages
On number admitted	22.30
On average daily population.....	7.13
On whole number treated.....	5.29
On number discharged.....	32.40

SPECIAL TABLE NO. 4

Deaths

On number admitted.....	28.96
On average daily population.....	10.03
On whole number treated.....	7.45
On number discharged.....	45.59

SPECIAL TABLE NO. 5

Statement of the quantities of staple articles purchased from October 1, 1906, to September 30, 1907.

Wheat flour, barrels	5,003
Meats, fresh, pounds.....	940,051
Meats, salt, pounds.....	72,695
Sugar, pounds	242,220
Coffee, pounds	56,565
Tea, pounds	12,916

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

Butter, pounds	171,903
Eggs, dozens	86,900
Coal, tons	22,737.36

SPECIAL TABLE No. 6

The average purchase price and per capita cost of staple articles of consumption for the year ending September 30, 1907.

Meats, fresh, per pound.....	\$0.0671	\$14.1031
Poultry, per pound	.1463	.6745
Wheat flour, per barrel.....	3.7959	4.3392
Butter, per pound	.2493	9.7922
Cheese, per pound	.1163	.8986
Milk, condensed, per quart.....	.1581	7.6238
Milk, cow's, per quart.....	.0449	1.7820
Eggs, per dozen	.1925	3.8211
Tea, per pound	.1380	.4073
Coffee, per pound	.1119	1.4456
Sugar, per pound	.0464	2.5657
Liquor, distilled, per gallon.....	2.1594	.0435

SPECIAL TABLE No. 7

Cost of fuel and light for year ending September 30, 1907.

Total annual cost of fuel and light.....	\$39,976 68
Annual per capita cost.....	\$9.1333
Number of tons of coal consumed.....	22,737.36
Average purchase price	\$1.8001

FARM AND GARDEN PRODUCTS FOR THE YEAR
ENDING SEPTEMBER 30, 1907

Asparagus, bunches	17,758
Beans, lima, bushels	185½
Beans, string, bushels	452½
Beans, wax, bushels	262⅞
Beets	1,591¾
Beet greens, bushels	924
Cabbage, pounds	102,946

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Cabbage sprouts, barrels	14
Carrots, bushels	180 $\frac{3}{4}$
Cauliflower, heads	4,951
Celery, heads	38,030
Celery, soup, bushels	75
Celery tops, bushels	52
Chard, Swiss, bushels	1,261
Corn, fodder, pounds	33,800
Corn, sweet, ears	44,481
Cress, quarts	456
Cucumbers, bushels	9 $\frac{1}{4}$
Egg plant, pounds	3,937
Horseradish, bunches	6
Kale, bushels	1,520
Kohl-rabi, bushels	53
Leeks, bushels	949 $\frac{1}{4}$
Lettuce, bushels	1,821 23/60
Mint, bunches	25
Onions, bushels	545 $\frac{1}{2}$
Onions, green, bunches	17,341
Oyster plant, bushels	75
Parsley, bunches	1,042
Parsley, bushels	56 1/16
Parsnips, bushels	2,700 1/16
Peas, bushels	291
Peppers, Chili, quarts	308
Peppers, green, bushels	24 13/16
Pumpkins, pounds	10,884
Radishes, bunches	286
Radishes, bushels	1,267 $\frac{1}{2}$
Rhubarb, bunches	20,073
Sage, bunches	400
Spinach, bushels	1,469 $\frac{7}{8}$
Squash, pounds	20,791
Thyme, bunches	500
Tomatoes, bushels	2,389 $\frac{1}{2}$
Tomatoes, green, bushels	100
Turnips, bushels	979 $\frac{3}{4}$
Turnip tops, bushels	637 $\frac{1}{2}$
Vegetable marrow, pounds	8,548

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Blackberries, quarts	21
Cherries, quarts	64
Currants, quarts	19
Gooseberries, quarts	77
Grapes, pounds	1,191
Muskmelons	3,504
Peaches, bushel	$\frac{1}{2}$
Strawberries, quarts	5,417
Watermelons	100
Eggs, dozens	2,394 $\frac{1}{6}$
Milk, quarts	61,790
Beef, pounds	1,010

FARM STOCK

Horses	30
Cows	24
Bull	1
Chickens	500

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 1

Showing movement of population for year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	1,675	2,704	4,379
Admitted during year ending September 30, 1907.....	682	834	1,516
On original commitments:			
From residences.....	573	788	1,361
By transfers from county houses.....	21	17	38
By transfers from other institutions for insane.....	88	29	117
Total number under treatment during year.....	2,357	3,538	5,895
Daily average population.....	1,683	2,694	4,377
Capacity of institution.....	1,317	2,217	3,534
Discharged during year:			
As recovered.....	112	200	312
As improved.....	151	195	346
As unimproved.....	159	145	304
As not insane.....	1	.....	1
Died.....	213	226	439
Whole number discharged during year....	636	766	1,402
Remaining October 1, 1907.....	1,721	2,772	4,493

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening	1896
Total acreage of grounds and buildings.....	245
Value of real estate, including buildings.....	\$4,180,000 00
Value of personal property.....	286,000 00
Acreage under cultivation	65

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$6,445 99
From State treasury for maintenance, on estimates 1 to 12, inclusive.....	751,994 38
From private patients .....	.....
From reimbursing patients	20,113 29
From all other sources	7,816 91

Total receipts for maintenance	\$786,370 57
Total receipts from Commission in Lunacy for extraordinary improvements	73,494 40
Total receipts from manufacturing fund.....	.....

Disbursements during year for maintenance:

Estimate No. 1 — For officers' salaries	\$43,292 24
Estimate No. 2 — For wages	267,115 60
Estimate No. 3 — For provisions and stores...	278,151 89
Estimate No. 4 — For ordinary repairs	25,595 64
Estimate No. 5 — For farm and grounds.....	10,616 90
Estimate No. 6 — For clothing	32,214 50
Estimate No. 7 — For furniture and bedding,	20,315 43
Estimate No. 8 — For books and stationery...	4,056 56
Estimate No. 9 — For fuel and light.....	39,976 68
Estimate No. 10 — For medical supplies	5,846 11
Estimate No. 11 — For miscellaneous expenses,	31,055 47
Estimate No. 12 — For transportation	285 60

Total disbursements, estimates 1 to 12, inclusive	\$758,522 62
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MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	\$73,494 40
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Total disbursements during year, manufacturing fund:

Balances October 1, 1907.....	
General maintenance fund	\$0 32
Manufacturing fund	

Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3.3235
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Maximum rate of wages paid attendants:

Men	\$43 75
Women	37 50

Minimum rate of wages paid attendants:

Men	\$22 00
Women	16 00

Proportion of day attendants to average daily population	1 to 12.06
Proportion of night attendants to average daily population	1 to 41.29
Percentage of daily patient population engaged in some kind of useful occupation.....	.7756

Estimated value of farm and garden products during year	\$16,455 87
Estimated value of articles made or manufactured by patients during year.....	62,706 45

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	24	35	59	5	11	16	11
Mental strain, worry and overwork (not included in above)	52	70	122	9	19	28	19
Religious excitement...	3	6	9	....	2	2	1
Love affairs (including seduction).....	2	26	28	....	9	9	3
Fright and nervous shock.....	19	43	62	6	12	18	14
Physical:							
Intemperance.....	174	100	274	26	30	56	68
Sexual excess.....	3	....	3	1	....	1	....
Venereal diseases....	69	18	87	18	4	22	20
Masturbation.....	9	....	9	5	....	5	....
Sunstroke.....	4	1	5	2	....	2	....
Accident or injury....	24	6	30	4	1	5	1
Pregnancy.....	....	5	5	....	....	....	3
Parturition and puerperium .....	....	48	48	....	15	15	8
Lactation.....	....	5	5	....	1	1	1
Change of life.....	....	25	25	....	9	9	3
Fevers.....	1	1	2	....	....	....	....
Privation and overwork.....	21	17	38	3	4	7	13
Epilepsy.....	19	13	32	3	3	6	10
Other convulsive disorders.....	3	1	4	1	....	1	1
Diseases of the skull and brain.....	7	5	12	1	1	2	3
Old age.....	31	74	105	2	7	9	26
Exophthalmic goitre.....	....	2	2	....	1	1	1
Epidemic influenza...	2	4	6	1	1	2	1

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3 — (Concluded)

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Unas- cer- tained
	Men	Women	Total	Men	Women	Total	
Abuse of drugs.....	8	4	12	2	2	4	1
Loss of special sense..	1	.....	1	.....	.....	.....	1
Uraemic poisoning...	3	.....	3	1	.....	1	.....
Other auto-infection..	1	.....	1	.....	.....	.....	.....
All other bodily disorders and ill health..	33	45	78	1	15	16	21
Hereditary.....	31	47	78	31	47	78	.....
Congenital defect.....	50	60	110	16	22	38	26
Unascertained.....	86	173	259	10	25	35	109
Not insane.....	2	.....	2	.....	.....	.....	.....
Total.....	682	834	1,516	148	241	389	365

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Admitted	Recovered	Died	Admitted	Recovered	Died
Alcoholic insanity.....	201	59	25	527	189	74
General paralysis.....	183	.....	137	494	.....	367
Senile insanity.....	116	.....	86	282	1	210
Epilepsy with insanity...	34	7	15	101	16	46
Imbecility, idiocy with insanity.....	8	.....	1	37	4	2
Other psychoses.....	972	246	174	2,859	689	465
*Not insane.....	2	.....	1	29	.....	1

*Includes cases of alcoholism, drug habit, etc.

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Total
Under one month.....	33	75	108	11	1	12	116
One to three months.....	12	37	49	29	34	63	1,026
Three to six months.....	12	18	30	34	64	98	1,312
Six to nine months.....	8	8	16	18	40	58	742
Nine months to one year.....	1	1	2	6	21	27	406
One year to eighteen months...	4	3	7	1	19	20	351
Eighteen months to two years.				5	9	14	118
Two to three years.....	5	3	8	3	6	9	114
Three to four years.....		4	4	1	1	2	62
Four to five years.....	2		2	2	3	5	31
Five to ten years.....	2	1	3	1	1	2	26
Ten to twenty years.....	2		2	1	1	2	14
Unascertained.....	31	50	81				
				397	501	898	
Total.....	112	200	312	112	200	312	4,318
				1,702	2,616	4,318	4,318

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	1		1	3	1	4
Mumps.....				1	1	2
Influenza.....					31	31
Cerebro-spinal menin- gitis.....					2	2
Diphtheria.....				7	17	24
Erysipelas.....	3	3	6	45	22	67
Septicemia and pyemia.	1	3	4	2	6	8
Dysentery.....					2	2
Malarial affections.....				1		1
Syphilis.....					4	4
Tuberculosis.....	20	53	73	144	1,092	1,236
Constitutional diseases:						
Rheumatism (or rheu- matic affections).....	1		1	1	1	2
Arthritis deformans.....					1	1
Diabetes mellitus and diabetes insipidus....	3	1	4	3	2	5
Scurvy, purpura and haemophilia.....					6	6
Diseases of the digestive system:						
Mouth, salivary glands, pharynx, tonsils and œsophagus.....				2	16	18
Diseases of the intes- tines.....	3	15	18	338	246	584
Diseases of the liver....	2		2	31	16	47
Diseases of the pan- creas.....					17	17
Diseases of the perito- neum.....	1		1	15		15
Diseases of the respira- tory system:						
Diseases of the nose and larynx.....				1		1

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

Table No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1908		
	Men	Women	Total	Men	Women	Total
Diseases of the bronchi.		3	3	69	48	117
Diseases of the lungs....	23	34	57	901	427	1,328
Diseases of the pleura....				11	14	25
Diseases of the circulatory system:						
Diseases of the pericardium.....				3	49	52
Diseases of the heart....	10	27	37	391	375	766
Arterio-sclerosis.....	17	30	47	129	95	224
Aneurism.....				5	6	11
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia....					4	4
Exophthalmic goitre....					4	4
Diseases of the genito-urinary system.....	1	6	7	323	206	529
Diseases of the nervous system:						
Diseases of the nerves..		1	1		13	13
Diseases of the spinal cord.....				22	12	34
Diseases of the meninges	1		1	72	20	92
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	11	3	14	222	205	427
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....				2	50	52
Epilepsy.....	4	1	5	182	39	221
Mental diseases:						
Exhaustion of acute mental disease.....	5	7	12	219	301	520
Exhaustion of chronic mental disease.....						

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
General paralysis of the insane.....	99	31	130	1,548	295	1,843
The intoxications; heat-stroke; obesity:						
Alcoholism.....					2	2
Metallic poisoning.....				3		3
Heat-stroke.....		1	1	1	4	5
Debility of old age.....				22	266	288
Accident.....	2		2	15	3	18
Suicide.....	2	1	3	32	7	39
Surgical and gynecological diseases and diseases of skin.....	3	2	5	7	32	39
Malignant new growths or cancer.....		4	4	20	48	68
Total.....	213	226	439	4,793	4,008	8,801

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	30	34	64	516	469	985
Maternal branch.....	25	59	84	496	704	1,200
Paternal and maternal branches.....	1	1	2	49	52	101
Collateral branches.....	28	44	72	818	1,249	2,067
No hereditary tendency..	440	484	924	8,495	8,903	17,398
Unascertained.....	158	212	370	3,664	4,722	8,386
Total.....	682	834	1,516	14,038	16,099	30,137

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888 -

CIVIL CONDITIONS	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	353	361	714	7,465	6,395	13,860
Married.....	267	318	585	5,376	6,500	11,876
Widowed.....	38	110	148	959	2,894	3,853
Divorced.....	2	5	7	35	115	150
Unascertained.....	7	9	16	179	133	312
Separated.....	15	31	46	22	62	84
Total.....	682	834	1,516	14,036	16,099	30,135

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....	1	1	2	237	43	280
Academic.....	3	3	6	191	105	296
Common school.....	44	533	577	4,981	3,633	8,614
Read and write.....	254	56	310	5,923	7,270	13,193
Read only.....	2	24	26	275	617	892
No education.....	214	30	244	1,238	2,023	3,260
Unascertained.....	164	187	351	1,191	2,408	3,599
Total.....	682	834	1,516	14,036	16,099	30,135

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1883

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888			
	DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT		DURATION PREVIOUS TO ADMISSION		PERIOD UNDER TREATMENT	
	Men	Women	Total		Men	Women	Total	
Under one month.....	20	36	56		660	591	1,251	
One to three months.....	20	32	52		669	474	1,143	
Three to six months.....	13	14	27		325	206	531	
Six to nine months.....	24	14	38		355	197	552	
Nine months to one year.....	.....	1	1		149	116	265	
One year to eighteen months.....	24	11	35		159	184	343	
Eighteen months to two years.....	5	4	9		366	115	481	
Two to three years.....	13	8	21		263	206	469	
Three to four years.....	9	9	18		139	97	236	
Four to six years.....	4	10	14		148	121	269	
Six to ten years.....	.....	2	2		90	96	186	
Ten to twenty years.....	3	1	4		93	57	150	
Twenty years and over.....	.....	.....	.....		40	41	81	
Unascertained.....	78	84	162		1,337	1,507	1,844	
Total.....	213	226	439		4,793	4,008	8,801	
Average duration of insane life (years and tenths)	2.1	3.2	2.7					
					2.4	2.4	2.4	

Total.....

Average duration of insane life (years and tenths)

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TABLE No. 12

Showing the ages of those admitted during the current year and since
October 1, 1888

AGE	YAEK ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....	1	2	3	41	43	84
From 15 to 20 years.....	44	66	110	765	907	1,672
From 20 to 25 years.....	76	118	194	1,723	2,093	3,816
From 25 to 30 years.....	74	110	184	1,998	2,370	4,368
From 30 to 35 years.....	106	123	229	2,114	2,320	4,434
From 35 to 40 years.....	90	110	200	1,943	1,999	3,942
From 40 to 50 years.....	154	149	303	2,752	2,908	5,660
From 50 to 60 years.....	80	68	148	1,555	1,718	3,273
From 60 to 70 years.....	36	52	88	772	1,050	1,822
From 70 to 80 years.....	16	22	38	265	517	782
From 80 to 90 years.....	3	7	10	71	132	203
From 90 to 100 years.....		1	1	13	10	23
Over 100 years.....					2	2
Unascertained.....	2	6	8	24	30	54
Total.....	682	834	1,516	14,036	16,099	30,135

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	13	29	42	143	283	426
From 20 to 30 years.....	28	66	94	539	1,041	1,580
From 30 to 40 years.....	32	61	93	509	760	1,269
From 40 to 50 years.....	28	22	50	328	349	677
From 50 to 60 years.....	7	17	24	120	144	264
From 60 to 70 years.....	3	4	7	56	34	90
From 70 to 80 years.....	1	1	2	5	1	6
From 80 to 90 years.....				2		2
Unascertained.....					4	4
Total.....	112	200	312	1,702	2,616	4,318

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					5	5
From 15 to 20 years.....	1	6	7	65	88	153
From 20 to 25 years.....	6	16	22	200	282	482
From 25 to 30 years.....	22	17	39	357	358	715
From 30 to 35 years.....	20	24	44	553	411	964
From 35 to 40 years.....	29	28	57	718	445	1,163
From 40 to 50 years.....	60	41	101	1,194	764	1,958
From 50 to 60 years.....	39	33	72	842	616	1,458
From 60 to 70 years.....	21	30	51	526	538	1,064
From 70 to 80 years.....	12	22	34	252	366	618
From 80 to 90 years.....	3	9	12	66	115	181
Over 90 years.....				15	11	26
Unascertained.....				5	9	14
Total.....	213	226	439	4,793	4,008	8,801

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	142	244	386
One to three months.....	76	137	213
Three to six months.....	49	76	125
Six to nine months.....	45	38	83
Nine months to one year.....	8	11	19
One year to eighteen months.....	56	45	101
Eighteen months to two years.....	13	9	22
Two to three years.....	38	42	80
Three to four years.....	21	32	53
Four to five years.....	17	15	32
Five to ten years.....	30	22	52
Ten to fifteen years.....	18	8	26
Fifteen to twenty years.....	2	1	3
Twenty to thirty years.....	1	3	4
Thirty years and upwards.....	1	.....	1
Unascertained.....	165	151	316
Total.....	682	834	1,516

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	66	60	126
One to three months.....	32	144	226
Three to six months.....	105	165	270
Six to nine months.....	63	110	173
Nine months to one year.....	66	90	156
One year to eighteen months.....	48	204	252
Eighteen months to two years.....	74	187	261
Two to three years.....	204	240	444
Three to four years.....	162	311	473
Four to five years.....	161	292	453
Five to ten years.....	337	551	888
Ten to fifteen years.....	159	227	386
Fifteen to twenty years.....	95	117	212
Twenty to thirty years.....	78	55	133
Thirty years and upwards.....	21	19	40
Total.....	1,721	2,772	4,493

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	28	12	40	485	67	552
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	71	13	84	2,182	51	2,233
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	2	.....	2	244	.....	244
Mechanics at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.....	81	.....	81	2,741	4	2,745
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	104	16	120	2,731	36	2,767
Domestic service:						
Waiters, cooks, servants, etc.....	23	439	462	1,014	9,486	10,500
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	9	181	190	118	2,976	3,094

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales-women, stenographers, typewriters, etc	19	18	37	200	275	475
Employed in sedentary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc..	65	59	124	171	1,533	1,704
Miners, seamen, etc.....	5	.....	5	158	.....	158
Prostitutes.....	.....	.....	.....	.....	25	25
Laborers.....	187	1	188	2,911	3	2,914
No occupation.....	81	88	169	792	1,387	2,179
Unascertained.....	7	7	14	289	256	545
Total.....	682	834	1,516	14,036	16,099	30,135

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Africa.....				3		3
Algeria.....				4		4
Assyria.....	1		1	1		1
Armenia.....				7		7
Austria.....	22	52	74	428	644	1,072
Australia.....					3	3
Bavaria.....		1	1	10	2	12
Belgium.....	1	2	3	12	13	25
Bohemia.....	3	3	6	80	236	316
British possessions.....		2	2	32	3	35
Bulgaria.....				1		1
Canada.....	10	8	18	137	45	182
China.....	1	1	2	43	1	44
Corea.....	1		1	1		1
Cuba.....		2	2	8	16	14
Denmark.....	1	1	2	46	29	75
Egypt.....		2	2	2	3	5
England.....	17	17	34	473	454	927
Finland.....	1	3	4	23	47	70
France.....	11	6	17	217	173	390
Galacia.....	1	4	5	1	4	5
Germany.....	82	78	160	2,322	2,289	4,611
Greece.....	4		4	26		26
Holland.....	2	2	4	34	19	53
Hungary.....	16	31	47	218	348	566
Ireland.....	70	149	219	2,373	4,574	6,947
Italy.....	56	33	89	648	433	1,081
Japan.....				7		7
Malta.....				5		5
Mexico.....	1		1	5		5
Norway.....	1	2	3	51	32	83
Nova Scotia.....	1		1	1	1	2
Newfoundland.....				1		1
Palestine.....					1	1
Poland.....	7	7	14	833	61	894
Portugal.....				1		1
Persia.....				1		1

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18 -- (Concluded)

NATIVITY	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Roumania.....	6	9	15	54	76	130
Russia.....	81	83	164	159	1,006	1,165
Sandwich Islands.....				1		1
Scotland.....	9	6	15	143	117	260
South America.....		2	2	8	2	10
Spain.....	3	2	5	29	2	31
Sweden.....	4	12	16	181	202	383
Switzerland.....	2	4	6	99	120	219
Syria.....		2	2	1	6	7
Turkey.....	3		3	30	2	32
United States.....	260	297	557	5,159	5,045	10,204
West Indies.....	3	6	9	60	40	100
Unascertained.....	1	5	6	57	50	107
Total.....	682	834	1,516	14,036	16,099	30,135

Of the total number admitted since the 1st of October, 1888, the parents of 80.54 per cent were both of foreign birth.

In 1.71 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In .68 per cent the percentage on the maternal side was foreign, while that on the paternal side was native.

Unascertained, 2.1.

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....	1		1
Allegany.....			
Broome.....	1		1
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....	2		2
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	87		87
Lewis.....			
Livingston.....	3		3
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	1,180		1,180
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam.....			
Queens.....	10		10
Rensselaer.....			
Richmond.....	38		38
Rockland.....	1		1
St. Lawrence.....			
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....			
Suffolk.....	2		2
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....	10		10
Wyoming.....			
Yates.....			
Unascertained.....	161		161
Soldiers' Home.....			
Other States.....	20		20
Total.....	1,516		1,516

MANHATTAN STATE HOSPITAL—ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining
under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	1	1	2			
Allegany.....						
Broome.....						
Cattaraugus.....						
Cayuga.....						
Chautauqua.....						
Chemung.....						
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....						
Erie.....						
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....						
Greene.....						
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	37	8	45			
Lewis.....						
Livingston.....	1		1			
Madison.....						
Monroe.....						
Montgomery.....						
New York.....	1,452	2,525	3,977			
Niagara.....						
Oneida.....						
Onondaga.....						
Ontario.....						
Orange.....						
Orleans.....						
Oswego.....						
Otsego.....						

MANHATTAN STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Putnam.....						
Queens.....	11	15	26			
Rensselaer.....						
Richmond.....	31	42	73			
Rockland.....						
St. Lawrence.....						
Saratoga.....						
Schenectady.....						
Schoharie.....						
Schuyler.....						
Seneca.....						
Steuben.....						
Suffolk.....		7	7			
Sullivan.....						
Tioga.....						
Tomkpins.....						
Ulster.....		1	1			
Warren.....						
Washington.....						
Wayne.....		1	1			
Westchester.....	4	4	8			
Wyoming.....						
Yates.....						
Unascertained.....	175	156	331			
Non-resident.....	9	12	21			
Total.....	1,721	2,772	4,493			

ANNUAL REPORT
OF THE
CENTRAL ISLIP STATE HOSPITAL
AT
CENTRAL ISLIP
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1907

OFFICERS

BOARD OF MANAGERS

JAMES MACGREGOR SMITH, President.....	New York, N. Y.
MRS. WILLIAM ROBISON, Secretary.....	Massapequa, N. Y.
MRS. AUGUSTUS FLOYD.....	Mastic, N. Y.
HENRY H. HOLLISTER.....	Islip, N. Y.
WILLIAM M. V. HOFFMAN.....	New York, N. Y.
HUGH KELLY	New York, N. Y.
MAXIMILIAN TOCH	New York, N. Y.

TREASURER

CARROLL F. SMITH.....	Albany, N. Y.
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BOARD OF CONSULTING PHYSICIANS AND SURGEONS

FREDERICK PETERSON, M. D.	J. L. HALSEY, M. D.
JOHN F. ERDMAN, M. D.	NATHANIEL B. POTTER, M. D.
GEORGE S. YOUNGLING, M. D.	JAMES P. TUTTLE, M. D.
J. DOUGAL BISSELL, M. D.	L. PIERCE CLARK, M. D.
A. EDWARD DAVIS, M. D.	W. A. HULSE, M. D.
WILLIAM H. ROSS, M. D.	WILLIAM H. THOMPSON, M. D.
WILLIAM B. SAVAGE, M. D.	ADRIAN V. S. LAMBERT, M. D.
EUGENE H. POOL, M. D.	

RESIDENT MEDICAL OFFICERS

GEORGE A. SMITH, M. D.....	Superintendent
MARCUS B. HEYMAN, M. D.....	First Assistant Physician
CHARLES G. BRINK, M. D.....	Second Assistant Physician
HORATIO G. GIBSON, M. D.....	Assistant Physician
EDWARD T. MURRAY, M. D.....	Assistant Physician
FRANK HINKLEY, M. D.....	Assistant Physician
CALVIN B. WEST, M. D.....	Assistant Physician
CHARLES L. VAUX, M. D.....	Assistant Physician
ABRAHAM BRILL, M. D.....	Assistant Physician
GEOFFREY C. H. BURNS, M. D.....	Junior Physician
GEORGE W. MILLS, M. D.....	Junior Physician
JOHN D. CRANE, M. D.....	Junior Physician
KITTIE R. OWEN, M. D.....	Woman Physician
DAYTON C. WIGGIN, M. D.....	Medical Interne
W. N. BARNHARDT, M. D.....	Clinical Assistant

STEWARD'S DEPARTMENT

F. A. WHEELER.....	Purchasing Steward
W. J. MCKEE.....	Resident Steward

REPORT OF THE BOARD OF MANAGERS

To the State Commission in Lunacy:

GENTLEMEN.—In compliance with the law the Board of Managers of the Central Islip State Hospital forwards to you its annual report with that of the Superintendent for the fiscal year ending September 30, 1907.

The Board has held twelve meetings during the year with an average attendance of five. Seven of these meetings were held at the hospital, where a general inspection was made. There were besides twenty-seven individual visitations, including the attendance of several members of the Board at the graduation exercises of the training school held at the hospital September 26th.

In the list of recommendations are many which were made last year and approved by the State Commission in Lunacy at their meeting with the Board in November, 1906, but no appropriation was allowed for the same by the Legislature. We particularly call attention to the necessity for a group for the acute and curable cases and for an attendants' home, where the nurses and employes can go during their recreation hours, and not be led to seek social enjoyment outside the grounds where the temptations of the saloons confront them.

The managers have always been most favorably impressed by the discipline observed throughout the wards and grounds. This is being menaced by the difficulty experienced in securing desirable and permanent help, especially in the ward service. The hospital has been carrying during the past year and a half between thirty and forty vacancies continually; this is a source of grave anxiety to the managers, who realize that the required efficiency can neither be achieved nor proper watchfulness maintained under these circumstances. The State Commission in Lunacy is therefore particularly requested to use its influence with the Legislature to have the wages of the employes raised sufficiently to overcome these conditions, as well as to improve the class of employes.

The overcrowded conditions of the wards, shown by the Superintendent's report, furnishes an additional ground for urging the

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

allowance of the new buildings asked for. The added capacity which they would incidentally furnish will greatly relieve present conditions in that regard.

We refer you to the report of our Superintendent, which embodies the requirements of the forthcoming year in extraordinary improvements.

Respectfully submitted,

JEANNIE F. J. ROBISON

Secretary

CENTRAL ISLIP STATE HOSPITAL—ANNUAL REPORT

REPORT OF SUPERINTENDENT

CENTRAL ISLIP, *October 1, 1907.*HON. JAMES MACGREGOR SMITH, *President Board of Managers:*

DEAR SIR.—Pursuant to statute I herewith present to your honorable board my report as Superintendent of the Central Islip State Hospital at Central Islip, for the year ending September 30, 1907.

The movement of patient population during the past year has been as follows:

	Men	Women	Total
Patients in hospital September 30,			
1906	2,258	1,535	3,793
Admitted during the year ending Sep-			
tember, 1907	609	365	974
Total number under treatment			
during the year	2,867	1,900	4,767
Daily average population	2,270	1,596	3,866
Discharged during the year:			
As recovered	148	76	224
As improved	158	76	234
As unimproved	74	22	96
As not insane	1	3	4
Died	198	99	297
Whole number discharged during			
the year	579	276	855
Remaining in hospital September 30,			
1907	2,288	1,624	3,912
Maximum under care			3,963
Minimum under care			3,788

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

It will be observed that there were remaining in the hospital on October 1, 1906, 2,258 men and 1,535 women, making a total of 3,552 patients. At the end of the year there were remaining 2,288 men and 1,624 women, a total of 3,912 patients. Showing a net increase for the year of 119.

Of those discharged fifty were transferred to other institutions for the insane; eighty-four were deported by the United States Immigration Department through the instrumentality of the State Board of Alienists; seventy-two were sent to foreign countries and other States by instruction of the State Commission in Lunacy, and one patient was discharged by the court under section 74 of the Insanity Law, under bond of \$500.

PERCENTAGES

Of those recovered:

To total number of admissions.....	23
To number of new admissions.....	23.6
To total number of discharged.....	26
To number of discharged, exclusive of deaths.....	40
To daily average population.....	5.7
To whole number treated.....	4

Of those admitted:

- 12 per cent were of alcoholic forms of insanity.
- 13 per cent suffered from paresis.
- 65 per cent were foreign born.
- 35 per cent were native born.
- 37 per cent were under the age of 30 years.
- 84 per cent were under the age of 50 years.
- 37 per cent were married.
- 51 per cent were single.

Of those discharged as recovered:

- 33 per cent were of alcoholic forms of insanity.
- 80 per cent were under treatment less than one year.
- 56 per cent were under treatment less than six months.
- 38 per cent were under 30 years of age.
- 63 per cent were under 40 years of age.
- 86 per cent were under 50 years of age.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

Deaths:

To total number under treatment.....	5	per cent
To daily average population.....	7	per cent
To total number of admissions.....	30	per cent
To total number discharged.....	34	per cent
Due to paresis.....	28	per cent
Due to diseases of heart and blood vessels.....	25	per cent
Due to tuberculosis.....	17	per cent
Due to senile forms of insanity.....	16	per cent
Due to alcoholic forms of insanity.....	4.7	per cent
Under 40 years of age.....	32	per cent
Between 35 and 50 years of age.....	40	per cent
Over 50 years of age.....	38	per cent

GENERAL DESCRIPTION AND ARRANGEMENT OF
THE HOSPITAL

The hospital consists of two colonies, the north and the south. The north colony consists of twenty-one one-story, disconnected buildings, six congregate dining-rooms and one central kitchen; the south colony consists of twenty-three buildings, with connecting corridors, two congregate dining-rooms and two kitchens.

The hospital was opened in 1889, with three groups of one-story wooden pavilions, connected by open corridors, and a central dining-room for each group. In 1895 additions were made to this colony of three groups of one-story detached brick pavilions — the first group consisting of six pavilions and one congregate dining-room, the second group of three pavilions and one congregate dining-room. These buildings are all disconnected. There is one large central kitchen for this colony, from which food is distributed to the several dining-rooms, each dining-room being equipped with heated serving tables, also tea and coffee urns.

There is a separate central heating and electric light plant for this entire north colony. There is also a two-story attendants' home connected with this colony, having a capacity for 100 attendants.

In October, 1901, the south colony was completed and opened for reception of patients. It consists of four groups of two-story buildings, connected with fire-proof corridors — the first group consisting of five buildings, four pavilions and one central or medical administration building. This group constitutes our acute or

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

receiving service. The first two pavilions are for men and the second two for women patients. The central building of this group is arranged on the first floor with medical offices, a medical library, reception-room for visitors, drug-room, hydrotherapeutic apparatus, surgical operating-room, static and X-ray-room, and physiological laboratory. During the past year an addition to the operating-room has been completed and will contain a small amphitheatre to accommodate members of the training school during operations, etc. The second floor of the Central building is arranged for physicians' quarters. The second story of the corridors connecting the medical administration building with the pavilions on either side are arranged for solaria. The new dining-room for acute patients and employes' building, in the rear of this group, has been completed and was opened during September, 1906. It contains on the first floor two large dining-rooms, separated by serving-rooms and nurses' dining-room. These dining-rooms are connected by corridors with the men's and women's acute services. The second and third floors are arranged for sleeping quarters for attendants.

The second group consists of five buildings, used entirely for women; the central building, as in the first group, used for offices, reception-room for visitors, and sleeping quarters for physicians who have charge of this group.

These two groups are connected by fire-proof corridors leading to a general bath-room and a congregate dining-room. Connected with this dining-room is a kitchen, serving-room and dining-room for employes.

The third and fourth groups of the south colony are occupied entirely by men and arranged in a similar way, the third group consisting of four buildings and a central building, as in the second group; the fourth group consisting of six and a central congregate dining-room with serving-room and kitchen attached.

The first floor, with corridors, throughout this colony are used for day-rooms; the second floors for sleeping quarters. Attendants have their rooms leading off the day-rooms of the first floor.

There is a separate heating and electric light plant for this entire south colony.

There is a central administration building for the entire institution situated between the two colonies, one central store-room situated at the north colony, and one large laundry which does the work for the entire institution.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

There are five miles of railroad track, counting in all switches, which connect with the main railroad, by which supplies are brought into the grounds and distributed, the hospital owning the engine and cars, which distribute all supplies, laundry, etc., by rail to the different centers of the hospital. The distance from the last building of the extreme end of the north colony to that of the south colony is two miles. The entire hospital is equipped with telephone system. The hospital property consists of 1,000 acres, 600 of which are cleared for lawns and cultivation. The certified capacity of the hospital is 3,836 patients.

The water system consists of a series of driven wells, pumped into stand-pipes and distributed by gravity. There are two systems, one at the north and one at the south colony.

The sewerage system is by broad irrigation, consisting of the collection of sewerage in tanks by gravity, then distributed by pumping through iron pipes, which extend over several acres of property, and by means of hydrants connected with these pipes, 150 feet apart, we govern the distribution over the surfaces, changing every day in different hydrants, so as to prevent pooling. Some of these hydrants have hose attached so as to better direct the discharge. There are two systems, one at each colony.

CHANGES IN MEDICAL STAFF

October 1, 1906, Dr. A. Brill, junior assistant physician, was promoted to assistant physician; Dr. D. C. Wiggin was appointed medical interne October 1, 1906; Dr. E. C. Foster was appointed junior assistant physician October 4 1906; on January 15, 1907, Dr. J. D. Crane was appointed junior assistant physician; Dr. Edward Miltimore was appointed junior assistant physician August 26, 1907, and on September 1, 1907, Dr. H. F. Coffin was appointed woman physician.

After six years capable and efficient service on my staff Dr. R. W. Fowler, assistant physician, resigned October 1, 1906, to enter private practice. Dr. F. A. Taylor, medical interne, resigned October 1, 1906, to enter private practice. On November 30, 1906, Dr. E. C. Foster, junior assistant physician, resigned to accept an appointment in the Soldiers' Home, Bath, New York, and on August 26, 1907, Dr. D. C. Wiggin, medical interne, resigned to accept an appointment in the United States army.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

MEDICAL SERVICE

Staff meetings are held Monday, Wednesday and Friday mornings as in previous years. These meetings are devoted to medical subjects, the presentation of recent admissions for the purpose of diagnosis and classification, the examination of all patients recommended for discharge, the examination of any interesting patients from the neurological or psychiatric standpoint, also to reading articles from the current medical journals. Examination of patients and preparation of histories are according to methods advocated by Dr. Meyer of the Pathological Institute. Special meetings are held at intervals at which matters of interest pertaining to administrative problems are discussed.

The condition of the hospital as regards infectious and contagious diseases is excellent. The detention camp which is located a short distance from the hospital is constantly kept in readiness for emergencies. It was necessary to isolate two cases for a few weeks during the past year — one patient and one attendant — until a definite diagnosis was made.

Surgical operations of both major and minor importance have been performed by the visiting and hospital staff. The visiting physicians and neurologists visit the hospital at intervals and have given bedside clinics and neurological demonstrations. Dr. A. E. Davis, ophthalmologist, has visited the hospital regularly twice a month. Dr. D. Longnecker, of Islip, New York, spends three days each month in caring for the patients' teeth.

In addition to the routine hospital work considerable time has been devoted by certain physicians to special pathological and bacteriological work. The present very small and inadequate laboratory is to be replaced in a short time by one of ample proportions which is rapidly nearing completion.

The proper treatment and comfort of the patients has been very much hampered by the overcrowded condition of the wards, making proper classification impossible, especially in the acute or reception service, where we are unable to give the special and individual treatment that is required in these cases, and I have repeated the request of last year for a group of acute and curable cases.

OCCUPATION

An important advance in the management of hospitals for the insane is the recognition of the value of occupation and diversion as a therapeutic agent in the treatment of the patients. To those

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

who are daily brought in contact with the patients the subject must always be of interest, and there is no doubt that a proper appreciation of this has had much to do with the rapid advance in our methods of treatment during the past few years. When one contrasts the inactive, monotonous existence of the patients in hospitals for the insane but a decade since with the active, contented life of the inmates in the same institutions nowadays, one cannot fail to note this.

It is beyond all doubt that a large number of insane patients begin to improve both mentally and physically immediately after beginning a course of occupation in the sunlight and open air, which work necessarily places them in conditions favorable to health. It is noticed that as the patient begins to improve physically through systematic employment out of doors, he becomes less noisy, quarrelsome and destructive, and at the same time more orderly in manner and tidy in general personal appearance.

The fact that employment of the insane adds tremendously to the dollars and cents of the institution is a matter of common knowledge. But this cannot be compared to the value derived by the patient himself upon the restoration of his health.

Although no patient is constrained to labor, everyone is encouraged to divert his attention to some rational occupation. It is a serious and unnecessary injustice to a patient to require him to be idle and suffer a further decay of his mental and physical forces because he manifests more or less mental deterioration. By diverting the patient's attention to occupation a great amount of satisfactory and effective work has been accomplished during the past year with its accompanying beneficial influence upon the mental and physical health of the individual.

Many patients from all departments of the hospital are engaged in farming, each department having its own corps of workers to till the soil, gather the crops, care for the horses, cattle and poultry, fruit, flower and vegetable gardens and green-houses, stubbing and clearing new lands, grading, terracing, planting trees and shrubbery, landscape gardening, caring for lawns and road making, give many patients the advantage of a needful and helpful outdoor life.

A large number of patients assist the mechanics, engineers, plumbers, carpenters and painters, and because of the wide distribution of their work spend a great part of the time in the open air.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

In the shops for the making and repairing of shoes, tinware, mats, brooms, brushes and rustic furniture, many patients are employed.

In the tailor shops and sewing-room most of the patients' clothing, bedding, etc., are made up and repaired. These shops are equipped with electrical sewing and cutting machines. Nearly all of the work is done by patients.

Many patients assist in the work in the kitchens and the entire dining-room service is conducted by patients. Others still are employed in the bakery, laundry and storehouse.

On the wards, in addition to the ordinary housekeeping occupations, caning chairs, making over old straw hats into covers for potted plants, fancy work, sewing and mending supplementing the work of the tailor shops and sewing-room, mattress making and teasing of hair by the more disturbed patients, furnish employment for nearly all of our population.

Patients' labor is represented in nearly every department of the institution.

AMUSEMENTS

The matter of amusements and recreations which we regard as having peculiar therapeutic value has received special attention during the past year. It has been our experience that base-ball is the most satisfactory form of diversion that can be employed in hospitals of this nature. It is universally popular and any number of patients can be entertained at each game. During the summer season our base-ball team played every Saturday on the athletic grounds, with teams from New York, Brooklyn, Jersey City and neighboring communities. On Decoration, Independence and Labor days the usual field sports were participated in by many of our patients, and, as has been our custom on these occasions, refreshments in the form of lemonade, ice cream and cakes were served. Our semi-military inspection of patients and attendants has been carried on each Sunday during the summer season as heretofore. Our band has furnished music for all of our entertainments and outdoor evening concerts in the summer, and our orchestra for the regular weekly dances and concerts each Sunday night during the winter. In addition to these occasions our orchestra furnishes music in one of the large dining-rooms each Sunday during the dinner hour. Our indoor recreations have been varied, consisting of moving pictures, card games, checkers and phonographic music.

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TRAINING-SCHOOL

As is required by statute, our school for nurses has continued to be maintained. The course began with fourteen in the senior class and twenty in the junior class. On the examination for graduation all of the seniors qualified and were given their diplomas at the commencement exercises held in the Amusement hall.

VISITORS

During the year the State Commission in Lunacy and the medical inspector visited the hospital on various occasions and inspected all of its departments, and all new admissions were examined. Your Board has held regular monthly meetings and on numerous occasions have as individual members visited the institution and inspected its several departments. Members of the staff of consulting physicians and surgeons have called at the hospital whenever occasion required their services.

In addition to the above we were visited during the year by the following: Hon. Orlando Hubbs, assemblyman for the hospital district; Mr. H. M. Smith, general manager of the Long Island railroad; Mr. E. W. Shigler, inspector for the State Commission for the Blind; members of the special committee on investigation of the Government Hospital for the Insane, consisting of J. Van Vechten Olcott, chairman; Martin L. Smyser and Robert W. Wallace; Captain Baxter, of the Transatlantic steamship ———; Miss Clark, of the State Charities Aid Association; Miss Rhett, Miss Horton, Mrs. O'Connor; Mrs. King, Mrs. Dudley, Mrs. Floyd and Mrs. Robison, of the After-Care Committee; Mr. John Vail, inspector for the State Charities Aid; and the Hon. Joseph M. Belford, surrogate of Suffolk county.

RELIGIOUS SERVICES

Our Protestant, Roman Catholic and Hebrew chaplains have held regular weekly services throughout the year.

IMPROVEMENTS

Improvements of special note made during the year are as follows:

OPERATING-ROOM

The surgical operating-room was enlarged and seats put in for the accommodation of the senior class of the training school.

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CEMENT WALK

A cement walk extending from the entrance to the grounds on Carleton avenue to a point opposite G center was completed.

PIGGERY

An extension to the piggery was made to accommodate about two hundred hogs.

CEMENT BLOCKS

A machine for manufacturing hollow cement blocks was acquired and sufficient blocks manufactured to construct a new carpenter shop which we have in view.

FLOORS

Floors were relaid in Groups A. B. C. E-1 and the dining-rooms of Groups F, I and K.

BATH-ROOMS

New clothes closets were put in the bath-rooms of Groups A, B and C.

WATER-WORKS

A main was laid and connection made between the water supplies of the north and south colonies.

MORTUARY

Construction of our new mortuary and pathological laboratory has been commenced.

VERANDAS

Fifteen verandas have been enlarged at the south colony.

SERVING-ROOMS

Extensions to the serving-rooms of kitchens 2 and 3 of the south colony have been commenced.

CARPENTER SHOP

Excavation for the new carpenter shop and cement foundation has been completed.

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TIN SHOP

The old ice-house has been converted into a large and commodious tin shop.

RAILROAD TRACK

Eight hundred and twenty-five feet of railroad track was relaid with new seventy-pound rails, replacing rails of sixty-five pounds weight.

TILE FLOORING

The composition floor in "I" center, which was very much broken, has been replaced with a new tile floor.

LAUNDRY

Two new washing machines have been installed in the laundry.

SHADE TREES

Several hundred shade and ornamental trees have been set out around the south colony.

ROAD SCRAPER

A road scraper was acquired and put into operation for maintaining all of the roads throughout the hospital premises.

TOOL-HOUSE

A new house for the railroad handcar and tools of the trackmen was built near the power-house of the north colony.

FIRE ENGINE-HOUSE

A new automatic, double harness for the fire department was installed in the fire engine-house.

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EXTRAORDINARY IMPROVEMENTS, WITH RECOMMENDATIONS AND APPROXIMATE COSTS, FOR FISCAL YEAR 1907-1908

Group for acute and curable cases \$200,000 00

This was called for last year and approved at a meeting of the Board of Managers and the State Commission in Lunacy held in New York in November, 1906, but appropriation for the same was not allowed by the finance committee.

This building should have a capacity for 200 patients, 100 men and 100 women. The Group now in use for this purpose was built for chronic insane and is not up to the present requirements for the modern, proper treatment of this class of patients. This hospital receives between nine and ten hundred acute patients a year. I would suggest that this Group be arranged in cottages for the proper classification of the patients, as suggested in the plans submitted by me at the conference for superintendents last winter.

Attendants' Home, capacity 200..... 100,000 00

This was called for last year and approved at a meeting of the Board of Managers and the State Commission in Lunacy held in New York in November, 1906, but appropriation for the same was not allowed by the finance committee.

At the present time there is one Attendants' Home at the north colony, capacity 100; at the south colony we have two floors over the new dining-room, capacity 80; we should have another building with a capacity of 200 at the south colony, as the remaining employes and attendants have to live in rooms opening off the wards, which should be used for patients. With 569 employes, which will be increased

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during the coming year, the necessity for such a building is apparent. The central portion of this building could be arranged for purpose of recreation rooms for the employes, where they could meet after hours, as there is no place where the nurses, attendants and employes can go for social enjoyment. It would raise the standard of the employes as well as divert their attention from the temptations of the saloons.

Two horizontal tubular boilers, 100 horse-power, installed complete, to replace boilers Nos. 3 and 4, north colony power plant.....

\$4,900 00

These were called for last year and approved at a meeting of the Board of Managers and the State Commission in Lunacy held in New York in November, 1906, but appropriation was not allowed by the finance committee.

These boilers have been in use over sixteen years and are very much pitted. The inspector of the insurance company stated that they are condemnable after this winter, and only allows us to run this winter under lower pressure of steam.

Painting the interior of certain wards of Groups "G," "H," "I"

1,400 00

This was called for last year and approved at a meeting of the Board of Managers and the State Commission in Lunacy held in New York in November, 1906, but appropriation for the same not allowed by the finance committee. The Commission afterwards instructed us to send an estimate for the same and that they would allow the amount if possible. This estimate was returned "deferred" as they had not sufficient funds to allow it.

The wards to which this refers are at the south colony and have never been painted, as it was not called for in the contract when they were erected.

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Extension to and replacement of old buildings of henhery	\$500 00
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This was called for last year and approved at a meeting of the Board of Managers and the State Commission in Lunacy held in New York in November, 1906, but appropriation for the same was not allowed by the finance committee.

Our present building accommodation is insufficient to house the number of fowl we now have and the number we would like to keep to meet the requirements of our increased population. One of the buildings is 12 by 60 feet, consisting of a portable building which was put up six years ago as an experiment in this class of buildings for chicken coops. It has been a decided failure and is now falling to pieces.

Ten (10) washing machines in laundry	5,500 00
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Twelve washing machines were called for last year and approved at a meeting of the Board of Managers and the State Commission in Lunacy held in New York in November, 1906, but appropriation for the same was not allowed by the finance committee, though the Commission afterwards allowed two on estimate. It is necessary that we should have the remaining ten as soon as possible, as the present ones are beyond repair.

This delay in getting these washing machines means fifty dollars more on each machine, as the price has advanced that amount since last year, with the prospect of a still further increase.

Cement walks	1,000 00
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For continuation of cement walks about the grounds.

Glass enclosures for verandas at the south colony . .	2,100 00
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Year before last we were allowed an appropriation for enlarging these verandas and we

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now ask that they be enclosed with glass so that patients can sit out during the winter months protected from the cold weather.

This was called for last year and approved at a meeting of the Board of Managers with the State Commission in Lunacy, held in New York in November, 1906, but appropriation not allowed by the finance committee for the same.

Renewing flooring in Groups	\$1,500 00
A — Wards 1, 2, 3.	
B — Wards 1, 2, 3.	
D — Ward 2.	
E — Wards 1, 2, 3.	
F — Ward 1.	
Upper flooring, 21,300 square feet.	
Under flooring, 41,000 square feet.	
Floor beams, 3,100 square feet.	

This matter was considered and approved by the State Commission in Lunacy during its visit to the hospital June 11, 1907, and an estimate was submitted for a portion of the repairs, which was returned "deferred" for want of funds.

Material required to install direct-heating system in the Attendants' Home, north colony..	2,000 00
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To take the place of the hot-air-blower system which has proved so unsatisfactory. On a windy day one side only of the building is comfortable, causing rightful complaints of suffering from the cold from the attendants during the winter months.

Four fire-escapes, two-story, Kirker-Bender, \$800 each (Dow Wire Works Company, Louis- ville, Ky.)	3,200 00
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Two of these fire-escapes to be placed in the Infirmary Ward (K-7), at the south colony, situated in the second story, over the dining-room, where there are sixty bed-ridden cases

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and but two exits by stairway. With these fire-escapes we could clear the ward in case of fire, within a very few minutes. The other two to be placed in Ward H-5, where there are 150 disturbed patients, situated similarly to K-7, over the dining-room. Our intention is to make half of this floor into an infirmary ward similar to K-7, for bed-ridden cases.

New hospital ward — alteration and equipment,

Ward H-5 \$1,275 00

The number of bed-ridden cases is increasing very rapidly among the old patients in Group "H," and it will be necessary for us to arrange the southern half of Ward H-5, second floor, similar to that in K-7. This place is well situated for the purpose of an infirmary ward on account of its close proximity to the kitchen, where hot food and special diet can be served direct from the elevator.

ACKNOWLEDGMENTS

It is with pleasure that I render thanks herewith upon the part of our patients to many friends who have contributed literature during the year to their comfort and pleasure.

We are indebted for reading matter to Rev. R. L. Brydges, Mr. H. H. Hollister, Mrs. R. C. Livingston, of Islip; Rev. Father Bobier, of Brooklyn; Mrs. F. R. Raynor, of Mount Vernon, N. Y.; Hon. Henry Reeves, of Greenport, for several copies of the Republican Watchman each week; Mr. Colin McLennan for weekly copies of the Islip Herald; the publishers of "Forward," "Der Amerikaner" and "Der Zeit Geist," three papers printed in Hebrew, for several daily copies.

In conclusion, I wish to express my thanks to the members of the State Commission in Lunacy and to your honorable Board for the continued confidence, support and assistance in the management of this hospital.

Respectfully submitted,

G. A. SMITH,
Superintendent

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 1

Showing movement of population for the year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906.....	2,258	1,535	3,793
Admitted during year ending September 30, 1907.....	609	365	974
On original commitments:			
From residences.....	595	354	949
By transfers from other institutions for insane.....	14	11	25
Total number under treatment during year.....	2,867	1,900	4,767
Daily average population.....	2,270	1,596	3,866
Capacity of institution.....	2,394	1,442	3,836
Discharged during year:			
As recovered.....	148	76	224
As improved.....	158	76	234
As unimproved.....	74	22	96
As not insane.....	1	3	4
Died.....	198	99	297
Whole number discharged during year.....	579	276	855
Remaining October 1, 1907.....	2,288	1,624	3,912

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TABLE No. 2

October 1, 1906, to September 30, 1907.

Date of opening, May, 1889.

Total acreage of grounds and buildings, 1,000.

Value of real estate, including buildings, \$2,088,581.31.

Value of personal property, \$242,959.

Acreage under cultivation, 264.

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$3,032 57
From reimbursing patients.....	12,405 49
From all other sources.....	1,370 84
Total receipts from State Commission in Lunacy for extraordinary improvements.....	42,941 17

Estimate No. 1.	For officers' salaries	\$23,936 45
Estimate No. 2.	For wages	196,958 04
Estimate No. 3.	For provisions and stores.....	225,175 05
Estimate No. 4.	For ordinary repairs	21,423 25
Estimate No. 5.	For farm and grounds.....	10,808 07
Estimate No. 6.	For clothing of patients.....	34,005 61
Estimate No. 7.	For furniture and bedding....	17,687 58
Estimate No. 8.	For books and stationery.....	2,663 91
Estimate No. 9.	For fuel and light.....	63,400 83
Estimate No. 10.	For medical supplies	2,836 22
Estimate No. 11.	For miscellaneous expenses . .	21,398 48
Estimate No. 12.	For transportation	2,539 37

Total disbursements, Estimates 1 to 12,
inclusive \$622,832 86

Total disbursements during year for extraordinary
improvements under apportionments by State
Commission in Lunacy..... \$42,941 17

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 2 — (Concluded)

Weekly per capita cost on daily average number of patients, Estimates 1 to 12, inclusive.....	\$3.0896
Maximum rate of wages paid attendants:	
Men	495 00
Women	420 00
Minimum rate of wages paid attendants:	
Men	264 00
Women	192 00
Proportion of day attendants to average daily population	342 to 3,866
Proportion of night attendants to average daily population	53 to 3,866
Percentage of daily patient population engaged in some kind of useful occupation.....	.69
Estimated value of farm and garden products during year	\$16,497 13
Estimated value of articles made or manufactured by patients during year.....	28,831 32

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Un-ascertained
	Men	Women	Total	Men	Women	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	15	21	36	5	6	11	6
Mental strain, worry and overwork (not included in above)	38	31	69	9	9	18	4
Religious excitement	1	4	5				
Love affairs (including seduction)		8	8				1
Fright and nervous shock	3	7	10				
Physical:							
Intemperance	52	17	69	8	2	10	22
Venereal diseases	23		23	4		4	7
Masturbation	7	1	8	1		1	
Sunstroke	5		5	1		1	
Accident or injury	16	1	17	2	1	3	4
Pregnancy		6	6		3	3	
Parturition and puerperium		10	10		1	1	3
Lactation		6	6				
Change of life		8	8		2	2	4
Fevers		1	1		1	1	
Privation and overwork	7	5	12		1	1	2
Epilepsy	14	2	16	3		3	6
Diseases of skull and brain	5	1	6		1	1	1
Old age	8	14	22	1	1	2	5
Abuse of drugs	5	5	10	1		1	
All other bodily disorders and ill health	7	7	14	2	1	3	2
Hereditary	8	6	14	8	6	14	

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 3 — (Concluded)

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION			Un-ascertained
	Men	Women	Total	Men	Women	Total	
Congenital defect.....	5	1	6	1	.....	1	.....
Unascertained.....	390	203	593	35	36	71	241
Total.....	609	365	974	81	71	152	308

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Admitted	Recovered	Died	Admitted	Recovered	Died
Alcoholic insanity.....	124	74	14	219	134	28
General paralysis.....	119	.....	84	295	.....	187
Senile insanity.....	58	1	50	129	1	91
Epilepsy with insanity	43	4	14	66	6	27
Imbecility, idiocy with insanity.....	17	2	3	33	5	5
Other psychoses.....	609	143	132	1,196	298	281
*Not insane.....	4	.....	.....	5	.....	.....

*Includes cases of alcoholism, drug habit, etc.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888							
	DURATION PREVIOUS TO ADMISSION			Total	DURATION PREVIOUS TO ADMISSION			Total				
	Men	Women	Total		Men	Women	Total					
Under one month.....	36	30	66	8	2	10	146	101	247	32	4	36
One to three months.....	21	16	37	26	19	45	95	44	139	118	68	186
Three to six months.....	10	10	20	42	30	72	42	26	68	136	107	243
Six to nine months.....	7	2	9	14	14	28	34	9	43	92	49	141
Nine months to one year.....	1	.....	1	21	4	25	14	5	19	62	18	80
One year to eighteen months...	14	3	17	24	3	27	30	14	44	67	14	81
Eighteen months to two years..	1	.....	1	4	2	6	3	2	5	25	11	36
Two to three years.....	6	3	9	5	1	6	20	12	32	28	6	34
Three to four years.....	2	1	3	1	1	2	11	1	12	5	2	7
Four to five years.....	2	.....	2	2	.....	2	2	.....	2	22	1	23
Five to ten years.....	1	.....	1	1	.....	1	13	4	17	15	1	16
Ten to twenty years.....	4	.....	4	.....	.....	.....	7	1	8	3	.....	3
Unascertained.....	43	11	54	.....	.....	.....	188	62	250	.....	.....	.....
Total.....	148	76	224	148	76	224	605	281	886	605	281	886

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Typhoid fever.....	1	.....	1	6	.....	6
Small pox.....	.....	.....	.....	2	.....	2
Diphtheria.....	.....	.....	.....	.....	1	1
Erysipelas.....	1	1	2	4	1	5
Septicemia and pyemia.....	2	2	4	6	7	13
Dysentery.....	.....	.....	.....	3	3	6
Syphilis.....	.....	.....	.....	3	1	4
Tuberculosis.....	30	20	50	195	165	360
Constitutional diseases:						
Diabetes mellitus and diabetes insipidus.....	.....	2	2	4	2	6
Diseases of the digestive system:						
Mouth, salivary glands pharynx, tonsils and œsophagus.....	.....	.....	.....	1	.....	1
Diseases of the stomach.....	.....	.....	.....	5	2	7
Diseases of the intes- tines.....	.....	3	3	39	28	67
Diseases of the liver....	1	.....	1	10	5	15
Diseases of the perito- neum.....	3	1	4	4	1	5
Diseases of the respira- tory system:						
Diseases of the bronchi.....	.....	.....	.....	3	2	5
Diseases of the lungs....	29	3	32	125	50	175
Diseases of the pleura...	1	.....	1	1	1	2
Diseases of the circulatory system:						
Diseases of the pericar- dium.....	.....	.....	.....	1	3	4
Diseases of the heart..	12	30	42	180	134	314
Arterio-sclerosis.....	24	10	34	35	20	55

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

Table No. 7 — (Continued)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia.....		1	1		3	3
Hodgkin's disease, Addison's disease and myxœdema.....					1	1
Diseases of the genito-urinary system.....	5	5	10	48	25	73
Diseases of the nervous system:						
Diseases of the nerves...				1	2	3
Diseases of the spinal cord.....				1	2	3
Diseases of the meninges.....				5	6	11
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)..	4	7	11	58	49	107
Epilepsy.....	5		5	23	16	39
Mental diseases:						
Exhaustion of acute mental disease....						
Exhaustion of chronic mental disease....		6	6	33	21	54
General paralysis of the insane.....	74	5	79	281	30	311
The intoxications; heat-stroke; obesity:						
Heat-stroke.....				2		2
Debility of old age.....				8	6	14
Accident.....				8		8
Suicide.....	1		1	5		5

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Surgical and gynecological diseases and diseases of the skin.....				7	3	10
Malignant new growths or cancer.....	5	3	8	19	23	42
Total.....	198	99	297	1,126	613	1,739

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	26	12	38	105	48	153
Maternal branch.....	21	16	37	111	61	172
Paternal and maternal branches.....		1	1	17	8	25
Collateral branches.....	34	40	74	188	254	442
No hereditary tendency..	326	188	514	2,019	1,074	3,093
Unascertained.....	202	108	310	1,443	1,050	2,493
Total.....	609	365	974	3,883	2,495	6,378

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	333	161	494	2,146	1,094	3,240
Married.....	228	142	370	1,259	978	2,237
Widowed.....	43	56	99	231	366	597
Divorced.....	1	4	5	15	17	32
Unascertained.....	4	2	6	232	40	272
Total.....	609	365	974	3,883	2,495	6,378

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....				9	5	14
Academic.....				4	26	30
Common school.....	1	189	190	752	524	1,276
Read and write.....	91		91	761	299	1,060
Read only.....		9	9	5	49	54
No education.....	423	16	439	731	87	818
Unascertained.....	94	151	245	1,621	1,505	3,126
Total.....	609	365	974	3,883	2,495	6,378

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1898

	Year Ending September 30, 1907						Since October 1, 1898					
	Duration Previous to Admission			Period Under Treatment			Duration Previous to Admission			Period Under Treatment		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	10	20	30	30	17	47	64	71	135	114	76	190
One to three months.....	19	9	28	15	14	29	85	50	135	84	45	129
Three to six months.....	10	5	15	11	4	15	51	17	68	71	32	103
Six to nine months.....	14	4	18	16	7	23	50	21	71	56	18	74
Nine months to one year.....	3	2	5	5	3	8	27	8	35	33	10	43
One year to eighteen months..	20	6	26	27	3	30	60	31	91	91	30	121
Eighteen months to two years..	8	3	11	14	3	17	18	6	24	34	24	58
Two to three years.....	12	7	19	4	7	11	44	24	68	57	37	94
Three to four years.....	3	3	6	7	3	10	26	16	42	44	34	78
Four to six years.....	2	4	6	5	7	12	17	25	42	69	58	127
Six to ten years.....	1	1	2	14	8	22	7	12	19	134	94	228
Ten to twenty years.....	2	2	4	30	18	48	14	9	23	216	119	335
Twenty years and over.....	.....	.....	.....	20	5	25	2	6	8	123	36	159
Unascertained.....	94	33	127	.....	.....	.....	661	317	978	.....	.....	.....
Total.....	198	99	297	198	99	297	1,126	613	1,739	1,126	613	1,739
Average duration of insane life (years and tenths)	6.6			6.4			8.2			7.8		

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 5 to 10 years.				1		1
From 10 to 15 years.	1		1	11		11
From 15 to 20 years.	41	38	79	232	169	401
From 20 to 25 years.	90	50	140	540	298	838
From 25 to 30 years.	81	55	136	574	402	976
From 30 to 35 years.	75	43	118	600	366	966
From 35 to 40 years.	73	47	120	556	338	894
From 40 to 50 years.	154	62	216	761	431	1,192
From 50 to 60 years.	55	38	93	363	272	635
From 60 to 70 years.	24	17	41	167	133	300
From 70 to 80 years.	11	10	21	55	64	119
From 80 to 90 years.	2	3	5	9	14	23
Unascertained.	2	2	4	14	8	22
Total.	609	365	974	3,883	2,495	6,378

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.	9	5	14	49	25	74
From 20 to 30 years.	45	28	73	187	103	290
From 30 to 40 years.	34	20	54	166	73	239
From 40 to 50 years.	38	15	53	123	54	177
From 50 to 60 years.	15	5	20	56	15	71
From 60 to 70 years.	5	3	8	15	9	24
From 70 to 80 years.				1		1
Unascertained.	2		2	6		6
Total.	148	76	224	603	279	882

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since
October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 15 to 20 years.....	4	1	5	11	12	23
From 20 to 25 years.....	4	3	7	27	19	46
From 25 to 30 years.....	9	4	13	52	33	85
From 30 to 35 years.....	21	12	33	109	68	177
From 35 to 40 years.....	35	13	48	159	61	220
From 40 to 50 years.....	50	23	73	301	129	430
From 50 to 60 years.....	34	15	49	215	119	334
From 60 to 70 years.....	24	11	35	143	73	216
From 70 to 80 years.....	13	10	23	77	60	137
From 80 to 90 years.....	2	2	4	18	21	39
From 90 to 100 years....	1	1	2	2	7	9
Unascertained.....	1	4	5	12	11	23
Total.....	198	99	297	1,126	613	1,739

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	83	107	190
One to three months.....	58	46	104
Three to six months.....	51	44	95
Six to nine months.....	48	23	71
Nine months to one year.....	7	9	16
One year to eighteen months.....	50	14	64
Eigheeen months to two years.....	6	7	13
Two to three years.....	42	25	67
Three to four years.....	17	9	26
Four to five years.....	12	.....	12
Five to ten years.....	20	12	32
Ten to fifteen years.....	6	5	11
Fifteen to twenty years.....	1	1	2
Twenty to thirty years.....	4	.....	4
*Not insane.....	1	3	4
Unascertained.....	203	60	263
Total.....	609	365	974

*Includes cases of alcoholism, morphia habit, etc.

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	45	30	75
One to three months.....	80	26	106
Three to six months.....	112	65	177
Six to nine months.....	72	59	131
Nine months to one year.....	60	31	91
One year to eighteen months.....	167	74	241
Eighteen months to two years.....	86	57	143
Two to three years.....	104	92	196
Three to four years.....	131	141	272
Four to five years.....	73	57	130
Five to ten years.....	341	262	603
Ten to fifteen years.....	348	277	625
Fifteen to twenty years.....	297	216	513
Twenty to thirty years.....	312	191	503
Thirty years and upwards.....	60	46	106
Total.....	2,288	1,624	3,912

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since
October 1, 1888

OCCUPATION	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military, and naval officers, lawyers, physicians, architects, artists, authors civil engineers, surveyors, etc.....	21	3	24	68	5	73
Commercial:						
Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers shopmen, stenogra- phers, typewriters, etc.	96	.....	96	662	.....	662
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	11	.....	11	147	.....	147
Mechanics, at outdoor voca- tions:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc...	122	.....	122	590	.....	590
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbinders, compositors, weavers tailors, bakers, etc....	106	.....	106	553	7	560
Domestic service:						
Waiters, cooks, servants, etc.....	21	174	195	319	1,036	1,355
Educational and higher do- mestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	5	114	119	38	867	905

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEP- TEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, saleswomen, stenographers, type- writers, etc.		12	12	15	64	79
Employed in sedentary oc- cupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.		25	25	36	200	236
Miners, seamen, etc.	11	.....	11	87	.....	87
Laborers.	161	.....	161	963	.....	963
No occupation.	44	36	80	218	266	484
Unascertained.	11	1	12	187	50	237
Total.	609	365	974	3,883	2,495	6,378

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since
October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Algeria				1	1	2
Armenia				3		3
Australia	1		1	1		1
Austria	34	18	52	138	110	248
Barbadoes	1		1	1		1
Bavaria				3		3
Belgium	1		1	1	1	2
Bohemia	5	4	9	25	14	39
Bulgaria	1		1	1		1
Canada	5	3	8	39	19	58
Central America				2		2
China	2		2	13		13
Cuba				9	5	14
Denmark	2		2	11	5	16
Egypt	1		1	2		2
England	21	16	37	104	76	180
Finland		1	1	9	16	25
France	6	5	11	34	21	55
Germany	70	38	108	469	295	764
Greece	2		2	12		12
Holland				4	3	7
Hungary	17	14	31	55	41	96
Ireland	60	68	128	500	562	1,062
Italy	51	12	63	226	52	278
Japan		1	1	2	1	3
Jerusalem	1		1	1		1
Montenegro				1		1
Norway	5		5	16	6	22
Nova Scotia	1		1	1		1
Persia				1		1
Peru				1		1

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....			
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....	21		
Lewis.....			
Livingston.....			
Madison.....			
Monroe.....			
Montgomery.....			
Nassau.....			
New York.....	858		
Niagara.....			
Oneida.....			
Onondaga.....			
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Otsego			
Putnam			
Queens	59		
Rensselaer			
Richmond			
Rockland			
St. Lawrence	1		
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben			
Suffolk	35		
Sullivan			
Tioga			
Tompkins			
Ulster			
Warren			
Washington			
Wayne			
Westchester			
Wyoming			
Yates			
Soldiers' Home			
Total	974		

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....						
Allegany.....						
Broome.....						
Cattaraugus.....						
Cayuga.....						
Chautauqua.....						
Chemung.....						
Chenango.....	1		1			
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....	2		2			
Erie.....						
Essex.....						
Franklin.....						
Fulton.....						
Genesee.....						
Greene.....						
Hamilton.....						
Herkimer.....						
Jefferson.....						
Kings.....	341	178	519			
Lewis.....						
Livingston.....						
Madison.....						
Monroe.....						
Montgomery.....						
Nassau.....	4		4			
New York.....	1,344	914	2,258			
Niagara.....						
Oneida.....						
Onondaga.....						
Ontario.....						
Orange.....						
Orleans.....						

CENTRAL ISLIP STATE HOSPITAL — ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Oswego.....						
Otsego.....						
Putnam.....						
Queens.....	79	76	155			
Rensselaer.....						
Richmond.....	13	25	38			
Rockland.....						
St. Lawrence.....	1		1			
Saratoga.....						
Schenectady.....						
Schoharie.....						
Schuyler.....						
Seneca.....						
Steuben.....						
Suffolk.....	39	25	64			
Sullivan.....						
Tioga.....						
Tompkins.....						
Ulster.....						
Warren.....						
Washington.....						
Wayne.....						
Westchester.....	1		1			
Wyoming.....						
Yates.....						
Unascertained.....	463	406	869			
Total.....	2,288	1,624	3,912			

FOURTEENTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

Gowanda State Homeopathic Hospital

AT GOWANDA, N. Y.

TO THE

State Commission in Lunacy

FOR THE YEAR ENDING SEPTEMBER 30, 1907

OFFICERS

BOARD OF MANAGERS

MARY B. SHEPARD	Buffalo, N. Y.
EDWIN H. WOLCOTT, M. D.....	Rochester, N. Y.
FRED J. BLACKMON, Esq.....	Gowanda, N. Y.
WILLIAM N. WALLACE	Gowanda, N. Y.
LAURA K. LARMOUTH	Jamestown, N. Y.
EUGENE H. PORTER, M. D.....	New York City
ALBERT J. FRANTZ, M. D.....	Canoga, N. Y.

Officers of the Board

EDWIN H. WOLCOTT, M. D.....	President
MARY B. SHEPARD	Vice-President
FRED J. BLACKMON, Esq.....	Secretary

Officers of the Hospital

DANIEL H. ARTHUR, A. M., M. D.....	Superintendent
CLARENCE A. POTTER, M. D.....	First Assistant Physician
R. MONTFORT SCHLEY, M. D.....	Assistant Physician
FREDERICK C. ROBBINS, M. D.....	Assistant Physician
ALICE E. SCHLEY, M. D.....	Woman Physician
CARL VON A. SCHNEIDER, M. D.....	Medical Intern
ANNE E. PERKINS, M. D.....	Clinical Assistant
EARL R. QUACKENBUSH	Steward
OLIVE A. CARPENTER	Matron
GEORGE E. SPRING, Esq., Franklinville, N. Y.....	Counsel

Ophthalmologist

DR. F. PARK LEWIS	Buffalo, N. Y.
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Odontologist

DR. ROBERT MUIR	Gowanda, N. Y.
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Consulting Physicians and Surgeons.

JOHN M. LEE, M. D.....	Rochester, N. Y.
NEWTON M. COLLINS, M. D.....	Rochester, N. Y.
GEORGE T. MOSELEY, M. D.....	Buffalo, N. Y.
DEWITT G. WILCOX, M. D.....	Buffalo, N. Y.
BURT J. MAYCOCK, M. D.....	Buffalo, N. Y.
JOSEPH T. COOK, M. D.....	Buffalo, N. Y.
WILLIS B. GIFFORD, M. D.....	Attica, N. Y.
JOHN D. ZWETSCH, M. D.....	Gowanda, N. Y.

FOURTEENTH ANNUAL REPORT OF THE GOWANDA
STATE HOMEOPATHIC HOSPITAL

To the State Commission in Lunacy:

GENTLEMEN.— I have the honor to present herewith the report of the Board of Managers of the Gowanda State Homeopathic Hospital for the fiscal year ending September 30, 1907.

Dated *September* 30, 1907.

EDWIN H. WOLCOTT

President

REPORT OF MANAGERS

To the State Commission in Lunacy, Albany, N. Y.:

GENTLEMEN.—The Board of Managers of the Gowanda State Homeopathic Hospital submits the following report for the year ending September 30, 1907, to which is annexed the report of the superintendent to the Board for the same period.

COMMENTS

The Board has held the stated monthly meetings required by law and has given its attention to the operation of the hospital in all its departments. The wards have been inspected at each stated meeting; the health, comfort and welfare of the patients has been inquired into and noted. The Board is satisfied that patients have received the best possible attention and that the interests of the State have been well guarded.

During the year the remodeling of the administration building and the annex for the reception of patients in the upper stories has been completed. The steam and hot-water trunk lines, the extension to the power-house and the stable have also been completed. A new boiler is ready to be installed. A fire line to the farm buildings has been put in, and a cow barn built. A new dining-room over the old dining-room has been added, and numerous minor betterments have from time to time been made.

The census of the hospital has increased from 817 to 904 during the year.

HOSPITAL NEEDS

The Board does not, this year, propose to burden its report with an exhaustive argument on the various needs of the hospital, but respectfully refers your honorable Commission to the report of the superintendent in these several particulars, which well meets the situation and has the entire approbation of the Board. It will, however, call especial attention to one or two matters, viz.:

ACUTE HOSPITAL

The demand for an acute hospital is as great, if not greater, than ever before, and the same reasons heretofore given hold

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

good to-day. The hospital cannot accomplish the best results without the best facilities. And, as pointed out in former reports, this hospital as a matter of fairness, is entitled to the same consideration in this particular as other hospitals, and even more when the achievements here are compared with achievements elsewhere.

COLD STORAGE

The pressing need of an increase of cold storage increases in the same ratio as the population of the hospital increases. The cold storage now supplied was installed to meet the demands of 250 patients. The patients now cared for exceed 900. Beyond that this hospital, unlike many other hospitals, does its own killing. This requires proper facilities for preserving and curing meats, which is almost wholly lacking, and the hospital being situated, as it is, in the country, requires cold storage for other commodities as well, and not being available, it has to be purchased elsewhere.

ADDITIONAL LAND

All that this Board has heretofore said and particularized in its annual reports for the years 1905 and 1906, relative to the purchase of additional land, is as true now as then, and, necessarily, as the hospital increases, the demand for more land increases, and the other reasons heretofore pointed out requiring the purchase of what is known as the Stebbins farm are as cogent as ever.

NATURAL GAS

This Board, and former Boards as well, has repeatedly called attention to the matter of natural gas for fuel and the necessity of drilling an additional well. It has given its reasons and indisputable facts to support its recommendations, and showing plainly why it is economy on the part of the State to supply itself with natural gas for fuel as far as possible.

But the reasons it has given and the facts it has shown seem to have fallen upon barren ground. Doubtless the initial cost of another well casts so dark a shadow that it renders invisible the ultimate saving to the State. The pressure on the present wells has been, for the reasons heretofore given, so far reduced as to render further service from them of but little or no value.

Owing to the fact that your Honorable Commission will not adopt the recommendations of the board which it has heretofore

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

made in this particular, it feels that it would be profitless to urge the matter any further. The fact remains, however, that it is even cheaper to buy gas for the kitchen and bakery than to buy hard coal for those purposes, and the board therefore recommends that provision be made for buying natural gas for such purposes. It is available and can be procured without initial cost.

TUBERCULOSIS

Attention is especially called to the prevalency of tuberculosis among the patients of the hospital and the apparent increase of the disease. This disease requires better facilities for treating and handling it than are now afforded at the hospital and for the proper protection of the patients not afflicted.

We earnestly recommend that this subject be given your serious consideration and that a separate pavilion for this purpose or more isolated quarters be furnished for patients suffering with this disease.

We also call your special attention to the treatment and the results following the epidemic of diphtheria which prevailed in the hospital during the current year and fully described in the report of the Superintendent hereto annexed.

CONCLUSION

In its last annual report the board tabulated the needs of the hospital and the approximate cost of each item, aggregating something like \$148,000, and gave reasons for its recommendations. The board appreciates the fact that your Honorable Commission approved generally of such recommendations, and the Legislature saw the necessity of several of the needs so recommended and to that extent made appropriations for same, but the Executive — the hospital appropriations came out of the Executive Chamber with 97½ per cent lopped off from the original recommendations of the board. The board is, however, by no means discouraged by this, for His Excellency gave the hospital during the summer the great honor of a personal visit and inspection, and his brilliant concepts and great discernment could not fail to disclose to him the needs of the hospital, and the board sincerely hopes that these manifest needs may not be outweighed by any possible claim of the indigency of the State during the coming year.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

ACKNOWLEDGMENTS

The board acknowledges the consideration your Honorable Commission has shown it and the hospital during the year. It also acknowledges the executive ability and the learning of Dr. Daniel H. Arthur, the Superintendent, and the continued and uniform courtesies extended to it by him and his medical staff, the steward and heads of departments, the nurses, attendants and employes. One and all manifestly have the interests of the hospital at heart, and the work accomplished forces the conclusion that all have been exceedingly efficient in their work.

All of which is respectfully submitted.

EDWIN H. WOLCOTT
EUGENE H. PORTER
ALBERT J. FRANTZ
MARY B. SHEPARD
LAURA K. LARMOUTH
WM. N. WALLACE
FRED J. BLACKMON

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

REPORT OF THE MEDICAL SUPERINTENDENT

To the Board of Managers:

MY DEAR SIRs.—In accordance with the provisions of the Insanity Law I herewith submit a detailed report of the operations of the hospital for the year ending September 30, 1907, together with statistical tables; also report of steward and matron.

MOVEMENTS OF POPULATION

	Men	Women	Total
Remaining October 1, 1906...	415	402	817
Admitted during year ending September 30, 1907	180	71	251
On original commitments:			
From residences	129	70	199
By transfers from county- houses .....	.....	1	1
By transfers from other institu- tions for the insane.....	51	.....	51
Total number under treat- ment	595	473	1,068
Daily average population.....	488.21	414.59	902.8
Capacity of institution	517	395	912
Discharged during year:			
As recovered	41	19	60
As improved	15	9	24
As unimproved	16	9	25
As not insane	1	.....	1
Died	23	21	54
Whole number discharged during year	106	58	164
Remaining October 1, 1907...	489	415	904

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

There were remaining in the hospital September 30, 1906, 817 patients. On September 30, 1907, there were 904 patients, an increase for the past year over the preceding year of 87. Of this 87 increase 50 were transferred from the Manhattan State Hospital and 1 from the Willard State Hospital, giving us an increase on direct commitments of 36. There were 200 original commitments for the year ending September 30, 1907, against 147 for the year ending September 30, 1906, an increase of 53.

There were 60 patients discharged recovered, resulting in a recovery rate on the number admitted, exclusive of transfers, of 30 per cent. Fifty-four patients died; computing this on the whole number treated, namely, 1,068, it would give us a death rate of 5.05.

The capacity of the institution is 912. Nine hundred and four patients remained in the hospital September 30, 1907. The largest number of patients in the hospital on any one day was 936, on August 12th.

The financial per capita per week of this hospital for the year ending September 30, 1907, was \$3.518 against \$3.675 for the previous year, a decrease of 15 cents.

OCCUPATION OF PATIENTS

There has been no change in the promotion of occupation among patients, except that better opportunities have been extended to women patients along the lines of sewing, embroidery, making tidies, table covers, etc. Every inducement is set before patients who are able and strong to employ whatever skill they may have along these lines. All other lines of employment for patients are pursued as formerly, and there is no industry or work of any kind about the hospital and farm where patient labor is not employed with benefit both to the patient and the institution.

Of the 904 patients remaining in the hospital October 1, 1907, there were 258 men and 196 women, a total of 454 patients employed, or over 50 per cent of the population. This year marks the completion of the grading about all of the buildings with the exception of a small strip in the rear of the west pavilion — an immense amount of work, all performed by patient labor. Twenty-five patients are regularly employed at farm labor, living in a large farm-house, presided over by the head farmer and his assistants. The addition to the farm-house, which we expect to com-

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

plete this fall, will increase its capacity by 10, giving us 35 patients to be housed there.

All heads of departments, as the engineer, laundryman, carpenter, painter, shop foreman, florist, gardener, chef, baker, etc., have their accompaniment of skilled and unskilled patient labor apportioned to them. The results to both the institution financially and the patients mentally and physically are so apparent for good that every effort is made by officers and employes to extend the system of patient labor as far as the patients' mental and physical condition will permit. Much depends upon the attendants in attaining profitable results. The exercise of tact and judgment, and the lack of it, are in evidence daily in this effort in the service.

AMUSEMENT OF PATIENTS

The amusement of patients is a subject that demands constant study and is in many ways as effective in improving conditions as are occupation and medical treatment. We have a large number of patients housed here, the majority from active life, of diverse occupations and different ways of living and in fairly good health. Amusement is vastly more necessary to most of these patients than among the healthy. They are isolated from their business, their home and family and almost everything that goes to make life worth living. Amusement, therefore, is an essential part of the treatment for the restoration of health and usefulness. In many private hospitals and sanitariums throughout the country there is a regular employe whose duty it is to inaugurate amusements for patients, and I feel it would not be amiss if such a position could be scheduled in the State hospitals. It is a work in itself and only a few are adapted properly to its successful accomplishment.

At this hospital we entertain our patients in all ways that opportunity and resources permit. A band is maintained throughout the summer months, which gives concerts on the grounds, and an orchestra in winter that plays for dances once a week, for entertainments, and gives concerts on the wards. During the summer baseball, croquet and tennis are the popular games, while picnics, attendance at the county fair, shows in town, drives and walks are common methods of entertainment. During the winter, all manner of inside games, including billiards and cards, weekly dances,

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

private theatricals and traveling troupes, give entertainment, while away the hours and divert the mind.

The hospital is fortunate in having a well-equipped orchestra and band under the leadership of Mr. A. E. Chapman and management of Mr. Earl R. Quackenbush, steward.

Our amusement department has been greatly improved and the patients much benefited by the material increase in the amusement fund considerably allowed by the Commission in Lunacy.

I append a list of many of the amusements given at the hospital during the year, this exclusive of the weekly dances.

1906

October second. Games, sports, etc., deferred from Labor Day.

November twenty-ninth. Thanksgiving dinner, dance, etc.

December sixth. Vaudeville, J. F. J. Johnson and assistants.

December twenty-fifth. Christmas dinner, dance, entertainment, presents, etc.

1907

January first. New Year's dance.

January third. W. H. McCollum, entertainment.

January twenty-eighth. Entertainment, Mr. and Mrs. Neil Litchfield and Abbie Litchfield.

January thirtieth. Sleighride.

January thirty-first. Sleighride.

February ninth. Orpheus Jubilee Singers.

February twelfth. "The Deacon's Tribulations," Hospital Dramatic Company.

March twelfth. Entertainment, Professor Pender.

March nineteenth. Entertainment, Annie Loy May Company.

March sixteenth. Entertainment, Mme. Helen Stuart Richings.

April fourth. Entertainment, Prof. Geo. E. Garretson.

April tenth. Vaudeville.

April twenty-fourth. Vaudeville.

April twenty-fifth. "The College Widow," Gowanda Dramatic Club.

April thirtieth. S. J. Burnett's Old Homestead Quartette.

May third. "Josiah's Courtship," Amateur Company from North Collins.

May seventh. Moving pictures.

May eleventh. Ball game: Single men, 10; Married men, 12.

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May fourteenth. Attendants' mask dance.

May twenty-second. Ball game: Hospital, 8; Indians, 10.

May thirty-first. Fifteen patients taken to Gowanda to view parade.

June seventh. Entertainment, Prof. Salem Parker.

June eighth. Ball game: Hospital, 4; Newtowns, 11.

June thirteenth. Band concert.

June fifteenth. Ball game: Attendants.

June twentieth. Band concert.

June twenty-second. Ball game: Pine Woods, 5; Hospital, 24.

June twenty-ninth. Ball game: Newtowns, 17; Hospital, 2.

July fourth. Sports, refreshments, dance, etc. Ball game: Pine Woods, 9; Hospital, 10.

July eighteenth. Band concert.

July twenty-fifth. Band concert.

August third. Ball game: Hospital, 6; Pine Woods, 3.

August tenth. Ball game: Hospital, 0; Cottage, 18.

August seventeenth. Ball game: Hospital, 12; Newtowns, 4.

August twenty-second. Band concert.

August twenty-ninth. Band concert.

September fifth. Nineteen patients taken to Hamburg fair.

TRAINING SCHOOL

There have been forty-nine graduates of the training school since its establishment in the fall of 1898. There are seventeen of this number still employed at this hospital as nurses and charge nurses. The present classes are composed of twenty-four juniors and seven seniors. Of the eleven who took the final examination last spring, eight passed and were enrolled as nurses. I here append a list of the forty-nine graduates:

1900

W. J. Ryther,	M. D. Van Brunt,	Emma C. Zahniser.
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1901

Fred Babcock,	May E. Campbell,	Alida Flindall,
Clara M. Fox,	G. Harry Grey,	Mary Kelly.
Mary E. Kern,	William J. Merritt,	

1902

Elizabeth Ballard,	Lilly Jamieson.
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1903

Madge F. Caldwell,

Adelaide Dudenhoffer.

1904

Helen M. Grosjean, Hoyt E. Hammond, Mary Northcote.

Albert P. Peyer, Margaret M. Butler,

1905

Marion Anderson,

Mary E. Gernold,

Mary Hoare,

Mary Kelly,

Robert Lyon,

Louise Munn,

Adele Scudder,

Emerson Tree,

William H. Young.

William J. Young,

1906

Zoa M. Burgar,

Geo. L. Cunningham, William G. Daggett,

Frank Dutcher,

Janet E. Ferguson,

Rose A. Furlow,

Herbert F. Gates,

Florilla L. Hulin,

Fanny J. Potts.

Mayme Schweikert,

Charles H. Whitehead

1907

Elizabeth Collard,

John Cotter,

Maude B. Gastman,

Raymond K. Hettrick,

Lewis W. Hull,

Coral M. Shelley.

Bessie A. Warner,

Marie Russ Williams,

The school course consists of two years' didactic and clinical instruction by the superintendent and staff, assisted by the matron, supervisors and apothecary.

LECTURERS AND INSTRUCTORS

DANIEL H. ARTHUR, A. M., M. D. Medical Superintendent

CLARENCE A. POTTER, M. D. First Assistant Physician

R. MONTFORT SCHLEY, M. D. Assistant Physician

FREDERICK C. ROBBINS, M. D. Assistant Physician

CARL VON A. SCHNEIDER, M. D. Medical Interne

ALICE E. SCHLEY, M. D. Woman Physician

ANNE E. PERKINS, M. D. Clinical Assistant

OLIVE A. CARPENTER Matron

ARTHUR J. KILBRIDE Chief Supervisor

ELIZABETH M. BALLARD Supervisor

ANDREW W. McLAUGHLIN Apothecary

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

SCHEDULE OF INSTRUCTION

1907-1908

1907

JUNIOR CLASS

- Opening lecture.....Dr. Arthur
- Oct. 3. Anatomy: Arrangement and Description of
Bones.....Dr. Schneider
7. Muscles: Structure and Varieties.....Dr. Robbins
10. Bones of Spinal Column.....Dr. Schneider
14. Muscles (continued).....Dr. Robbins
17. The Skull.....Dr. Schneider
21. Muscles (concluded); Tendons.....Dr. Robbins
24. Trunk and Extremities.....Dr. Schneider
28. Teeth: Permanent and Temporary.....Dr. Robbins
31. Articulations, Ligaments and Cartilages, Dr. Schneider
- Nov. 4. Chemical Composition of the Body and of Foods,
Dr. A. E. Schley
7. Nervous System as a Whole.....Dr. Schley
11. Nutrition and Diet.....Dr. A. E. Schley
14. Nervous Anatomy.....Dr. Schley
18. Organs of Digestion.....Dr. A. E. Schley
21. Nervous Anatomy (continued).....Dr. Schley
25. Digestive Organs (concluded).....Dr. A. E. Schley
28. Nervous Anatomy (concluded).....Dr. Schley
- Dec. 2. Blood, Lymph and Chyle.....Dr. Robbins
5. Skin, Hair and Nails.....Dr. Perkins
9. Anatomy of Heart and Blood Vessels....Dr. Robbins
12. Organs of Excretion.....Dr. Perkins
16. Circulation of Blood.....Dr. Robbins
19. Lungs and Respiration.....Dr. Perkins
20. Mid-winter examination Dr. Potter

1908

- Jan. 2. Functions of the Brain.....Dr. Potter
6. Digestion and Absorption.....Dr. A. E. Schley
9. Sleep: Insomnia, Causes and Treatment....Dr. Potter
13. Digestion (continued).....Dr. A. E. Schley
16. Organs of Special Sense — Eye.....Dr. Schley
20. Metabolism; Regulation of Body Temperature...
Dr. A. E. Schley
23. Special Senses (continued)— Ear.....Dr. Schley

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Jan.	27.	Digestion (concluded).....	Dr. A. E. Schley
	30.	Special Senses (concluded).....	Dr. Schley
Feb.	3.	Instruments: Description, Care and Use..	Dr. Robbins
	6.	The Sick Room: Its Preparation and Care; Beds and Bedding	Miss Carpenter
	10.	Surgical Dressings; Care of Patient Following Operation	Dr. Robbins
	13.	Reception and Care of New Patients...	Miss Carpenter
	17.	Contagion and Infection.....	Dr. Robbins
	20.	Medical Terms — definitions.....	Dr. Perkins
	24.	Disinfection and Fumigation.....	Dr. Robbins
	27.	Review	Dr. Schneider
Mar.	2.	Hospital Etiquette	Miss Carpenter
	5.	Atmosphere and Climatic Therapy.....	Dr. Schley
	9.	Preparation of Special Diets.....	Miss Carpenter
	12.	Heating and Ventilation.....	Dr. Schley
	16.	Special Diets (continued).....	Miss Carpenter
	19.	Hygiene	Dr. Perkins
	23.	Special Diets (concluded).....	Miss Carpenter
	26.	Observation and Recording of Symptoms.....	Dr. A. E. Schley
	30.	Review	Dr. Schley
April	2.	Clinical Charts and Records.....	Dr. Perkins
	6.	Micro-Organisms	Dr. Robbins
	9.	Elements of Pharmacy.....	Mr. McLaughlin
	13.	Micro-Organisms (concluded).....	Dr. Robbins
	16.	Pharmaceutical Nomenclature.....	Mr. McLaughlin
	20.	Asepsis, Anti-sepsis and Sepsis.....	Dr. Robbins
	23.	Review	Dr. Potter
	27.	Review	Dr. Robbins

1907

SENIOR CLASS

		Introductory Lecture.....	Dr. Arthur
Oct.	1.	Bandages: Classification, Principles of Bandaging, Dr. Schneider, Dr. Perkins	
	4.	Local Applications and Poultices.....	Dr. Robbins
	8.	Bandaging: Use of Handkerchief and Rubber Bandage	Dr. Schneider, Dr. Perkins
	11.	Counter-Irritants, Cupping, Etc.....	Dr. Robbins
	15.	Roller Bandage. Practical Instruction.....	Dr. Schneider, Dr. Perkins

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Oct.	18. Enemata: Suppositories, Douches, Catheterization,	Dr. Robbins
	22. Immovable Bandages and Splints.....	Dr. Schneider, Dr. Perkins
	25. Review	Dr. Robbins
	29. Review	Dr. Schneider
Nov.	5. Fractures	Dr. Schley
	8. Fevers: Continuous, Remittent, Intermittent....	Dr. A. E. Schley
	12. Dislocations; Sprains	Dr. Schley
	15. Fevers (continued); Inflammations..	Dr. A. E. Schley
	19. Emergencies: Burns, Scalds, Etc.....	Dr. Schley
	22. Anaesthesia and Anaesthetics.....	Dr. A. E. Schley
	26. Hemorrhage: Varieties and Means of Arresting..	Dr. Schley
	29. Asphyxia, Artificial Respiration.....	Dr. A. E. Schley
Dec.	3. Hygiene	Dr. Perkins
	6. Poisons	Dr. Schneider
	10. Convulsions	Dr. Robbins
	13. Poisons (concluded).....	Dr. Schneider
	17. Apoplexy, Syncope, Sunstroke, Etc.....	Dr. Robbins
	20. Mid-winter examination.....	Dr. Potter
1908		
Jan.	3. Bites, Stings, Etc.....	Dr. Schneider
	7. Massage	Dr. Schley
	10. Nervous Diseases.....	Dr. Robbins
	14. Hydrotherapeutics	Dr. Schley
	17. Nervous Diseases (concluded).....	Dr. Robbins
	21. Hydrotherapeutics (concluded).....	Dr. Schley
	24. Insanity: History and Definitions.....	Dr. Potter
	28. Review	Dr. Schley
	31. Insanity: Depressed Forms.....	Dr. Potter
Feb.	4. Insanity: Forms of Excitement.....	Dr. Potter
	7. Special Medical Cases.....	Dr. Robbins
	11. Insanity: General Paresis.....	Dr. Potter
	14. Special Medical Cases (concluded).....	Dr. Robbins
	18. Insanity: Dementia Præcox; Senility.....	Dr. Potter
	21. Children's Diseases.....	Dr. A. E. Schley
	25. Idiocy, Imbecility, Epilepsy.....	Dr. Potter
	28. Review	Dr. A. E. Schley

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Mar.	3. Pregnancy: Physical Signs and Symptoms. (Women only).....	Dr. A. E. Schley
	6. Commitment, Transfer, Custody and Discharge of Insane.....	Dr. Potter
	10. Abortion, Miscarriage, Premature Birth. (Women only).....	Dr. A. E. Schley
	13. Artificial Feeding; Food and Medicines....	Dr. Schley
	17. Preparation for Labor; Necessity for Antisepsis. (Women only).....	Dr. A. E. Schley
	20. Convalescence; Signs of Death; Care of the Dead,	Dr. Potter
	24. Parturition, Management after Labor. (Women only).....	Dr. A. E. Schley
	27. Review	Dr. Schley
	31. Care of the Infant. (Women only)..	Dr. A. E. Schley
April	3. Materia Medica and Pharmacy.....	Mr. McLaughlin
	7. Surgical, Gynæcology and Gynæcological Nursing. (Women only).....	Dr. A. E. Schley
	10. Toxicology	Mr. McLaughlin
	14. Homeopathic Therapeutics.....	Dr. Potter
	17. Toxicology (concluded).....	Mr. McLaughlin
	21. Review	Dr. Potter
	24. Prescription and Prescription Writing, Mr. McLaughlin	
	28. Review	Dr. Schley

SCHEDULE OF PRACTICAL WORK

SCHEDULE A

Acute Medical and Surgical Cases

Junior Year

Hospital rules and regulations — care of keys.

Department toward patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. (See Schedule X.)

Special:

- (1) The surgical and other special beds.
- (2) The ventilation, lighting and heating of the sick-room.
- (3) Cleaning and disinfection of the operating-room.
- (4) Use and care of ward utensils.

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Care and use of nursing appliances — syringes, atomizers, catheters, stomach tubes, ice and water bags, rubber rings and other rubber articles. Basins, sputum cups, spittoons, bedpans, urinals and all other metal, glass and porcelain articles.

Changing bedding and clothing of patient in bed.

Setting patient up in bed.

Getting patient out of bed.

Toilet and bath of patient in bed.

Preparation of patient for physical examination.

Care of the mouth, gums and teeth.

Care of the back and other parts exposed to pressure.

Use of the bedpan and urinal.

Collection of urine, sputum, feces and discharges for examination.

Serving food to patients in bed.

Preparation of egg-nog and other dishes on the ward.

Care of medicines and ward solutions.

Taking temperature, pulse and respiration.

Making bandages, tampons, sponges, etc.

Sterilization and care of surgical dressings.

Senior Year

Attending the ward physician on his rounds.

Preparation and administration of enemata and douches.

Preparation and application of poultices, stupes, mustard plasters, blister, ice bags, hot-water bags, etc.

Use of ointments, powders, liniments and other external applications.

Disinfection of sputum, stools, discharges, infected clothing, bedding, ward utensils and nursing appliances.

Catheterization and bladder irrigation.

Preparations for surgical operation:

- (1) Patient, bowels, bladder, skin — for anaesthesia, etc.
- (2) Operating-room.
- (3) Instruments and dressings.
- (4) Solutions.
- (5) Personal preparations — toilet, hands, costume, etc.
- (6) Anaesthetist's articles.
- (7) The bed and clothing of the patient.

Assisting at surgical operations in different positions.

Assisting at surgical dressings.

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Bandaging. (Special instruction having already been given.)

Massage — administration by those previously instructed.

Medical baths — administration only after special instructions elsewhere.

Administration of medicines.

Observation of symptoms.

Bedside notes.

Charts, records and reports.

Care of convalescents.

SCHEDULE B*Acute Insanities — Excitements***Junior Year**

Hospital rules and regulations — care of keys.

Deportment toward patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. (See Schedule X.)

Special:

- (1) Care of rooms for excited cases with reference to ventilation, heating, lighting, cleanliness.
- (2) Care of beds, bedding and clothing of special cases.
- (3) Use and care of ward utensils.

Attention to patient's toilet.

Special attention to hair, teeth, mouth, nails, feet.

Attention to dressing and undressing excited cases.

Getting patients ready for outdoor exercise; guarding and caring for patients during exercise. (Assisting only.)

Getting patients ready for meals, and attention to them during and after eating.

Food service — attention to temperature, division of food, bones.

Tray service — egg-nog and other special dishes.

Care of bed patients:

- (1) Changing bedding and clothing of patients in bed.
- (2) Protection of patients from exposure and draughts.
- (3) Bathing patients in bed.
- (4) Use and care of the bedpan and urinal.
- (5) Taking temperature, pulse and respiration.
- (6) Setting patients up in bed.
- (7) Getting patient out of bed, on commode, on chair.

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Hospital bathing.

Collection and care of urine, sputum, feces, discharges for examination and analysis.

Hydrotherapy. (Assisting only.)

Care and cleansing of feeding tubes, catheters, hot-water and ice bags, syringes, rubber sheets and other rubber articles.

Care and cleaning of metal and glass articles used in nursing.

Management of patients:

- (1) Tactful, gentle, patient, firm methods.
- (2) Management of violence, destructiveness, mischievous tendencies.
- (3) Physical control. Hospital regulations — methods under various conditions.

Senior Year

Admission of patients:

- (1) Manner of receiving.
- (2) Removal and search of clothing; listing and care of articles.
- (3) Bath.
- (4) Examination of person and record of findings.
- (5) Putting patient to bed.

Attending ward physician on his rounds.

Administration and care of medicines.

Care and use of disinfectants and external applications.

Responsibility for patients during outdoor exercise. Precautions — attention to rest, toilet, exposure, emergencies.

Attention to patients at table.

Persuasion of those who refuse to eat.

Training the disorderly, glutinous and filthy at table.

Spoon feeding.

Tube feeding — preparation of food. Preparation and control of patient.

Care of bed patients:

- (1) Management of persistent restlessness and noisiness.
- (2) Management of incontinence.
- (3) Preparation of patient for physical examination.

Observation and management of special symptoms.

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Hydrotherapy:

- (1) Administration of packs.
- (2) Management of patients in prolonged and continuous baths.
- (3) Compresses.

Keeping charts, records and reports.

Night duty:

- (1) Attention to quiet moving and speaking.
- (2) Ventilation, temperature and lighting of wards and rooms.
- (3) Method of systematic observation of patients.
- (4) Night clothing of patients.
- (5) Guarding against exposure and draught.
- (6) Attention to food and drink of those needing them.
- (7) Getting patient out of bed.
- (8) Nursing of sleeplessness and restlessness.
- (9) Precautions against accidents, escapes, suicides, assaults.
- (10) Action in case of fire and other emergencies.
- (11) Keeping night charts, records and reports.

SCHEDULE C

Acute Insanities — Depressions, Delusional States, Confusional States

Junior Year

Hospital rules and regulations — care of keys.

Deportment toward patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. (See Schedule X.)

Special: Household arrangements to prevent suicide by suspension, strangulation, cutting, precipitation, scalding, drowning.

Attention to patient's toilet.

Special attention to hair, teeth, mouth, nails, feet. (Shaving for men.)

Attention to dressing and undressing apathetic and resistive patients.

Getting patients ready for outdoor exercise. (Assisting only.)

Guarding and caring for patients during exercise.

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Getting patients ready for meals and attention to them during and after eating.

Food service — attention to temperature, division of food, bones.

Tray service — egg-nog and other special dishes.

Care of bed patients:

- (1) Changing bedding with patient in bed.
- (2) Changing patient's clothing with patient in bed.
- (3) Protection of patient from exposure and draughts.
- (4) Bathing patient in bed.
- (5) Use and care of bedpan and urinal.
- (6) Taking of temperature, pulse and respiration. Care of the thermometer.
- (7) Setting patient up in bed.
- (8) Getting patient out of bed on commode and chair.

Hospital bathing.

Collection and care of urine, feces, sputum and discharges for examination and analysis.

Hydrotherapy. (Assisting only.)

Care and cleaning of feeding tubes, catheters, hot water and ice bags, syringes, rubber sheets and other rubber articles.

Care and cleaning of glass and metal articles used in nursing.

Management of patients:

- (1) Tactful, gentle, patient, firm, reasonable methods.
- (2) Management of emotional outbursts.
- (3) Management of depressed conditions and agitation.
- (4) Management of delusions.
- (5) Physical control — Hospital regulations. Methods.
- (6) Precautions against suicide.

Senior Year**Admission of patients:**

- (1) Manner of receiving.
- (2) Removal and searching of clothing; listing and care of articles.
- (3) Bath.
- (4) Examination of person and record of findings.
- (5) Putting patient to bed.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

Attending ward physician on his rounds.

Administration and care of medicines.

Care and use of disinfectants and external applications.

Responsibility for patients during outdoor exercise. Precautions against escape, suicide, exposure, over-exertion. Attention to toilet, emergencies.

Management of those who refuse to eat.

Spoon feeding.

Tube feeding: Preparation of food. Preparation and control of patient.

Care of bed patients:

- (1) Management of persistent restlessness and agitation.
- (2) Management of incontinence.
- (3) Care of the back.
- (4) Preparation for physical examination.

Hydrotherapy:

- (1) Administration of packs.
- (2) Alcohol rub in bed.
- (3) Sprays.
- (4) Compresses.

Massage and electrotherapy. Administration only. (Special instruction given otherwise.)

Enema and douches. Administration only.

Observation and management of special symptoms:

- (1) The proper attitude toward depressed patients.
- (2) Delusions of various kinds.
- (3) Impulses, obsessions, perversities.
- (4) Masturbation.
- (5) Self-mutilation.
- (6) Suicidal tendencies. Degree and preferences.

Keeping reports, records and charts.

Night duty:

- (1) Attention to quiet moving and speaking.
- (2) Ventilation, temperature and heating of wards and rooms.
- (3) Methods of systematic observation of patients.
- (4) Night clothing of patients.

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- (5) Guarding against exposure and draughts.
- (6) Attention to food and drink of those needing them.
- (7) Getting patients out of bed.
- (8) Nursing of sleeplessness and restlessness.
- (9) Precautions against accidents, escapes and assaults.
- (10) Special precautions against suicides.
- (11) Action in case of fire and other emergencies.
- (12) Keeping night charts, records and reports.

SCHEDULE D

Infirm, Chronic Bed Cases

Junior Year

Hospital rules and regulations Care of keys.

Deportment towards patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. (See Schedule X.)

Special:

- (1) Care of special beds and bedding.
- (2) Use of disinfectants and deodorizers.
- (3) Special care of the toilet-rooms for untidy patients.
- (4) Use and care of ward utensils.

Management of patients, by tact, patience and intelligent appreciation of their condition and needs.

Attention to patients' toilet and bathing.

Special attention to hair, mouth, teeth, nails and feet. Shaving for men.

Attention to patients' clothing, shoes, special garments.

Dressing and undressing feeble, demented and resistive patients.

Care of clothing at night.

Getting patients ready for meals. Attention during and after meals.

Food service — attention to temperature, division, bones, tray service.

Assisting the feeble, demented and apathetic to eat.

Care of the aged and infirm walking cases.

- (1) Attention to suitable clothing, underwear, night clothes, footwear.

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- (2) Changing of soiled and wet clothing.
- (3) Management of incontinence.
- (4) Exercise in and out of doors. Guarding against exposure, over-exertion.
- (5) Rest during the day.
- (6) Suitable and properly served food.
- (7) Guarding against fractures and other injuries.

Care of bed patients:

- (1) Changing bedding with patient in bed.
- (2) Changing patient's clothing with patient in bed.
- (3) Protection of patient from exposure and draughts.
- (4) Bathing patient in bed.
- (5) Foot bath to patient in bed.
- (6) Use and care of the bedpan and urinal.
- (7) Taking temperature, pulse and respiration.
- (8) Getting patient out of bed.
- (9) Setting patient up in bed.
- (10) Use and care of the commode.
- (11) Care of the back and other parts exposed to pressure.

Care of nursing appliances — syringes, catheters, stomach tubes, ice and water bags, rubber rings. Basins, sputum cups, cuspidors. Artificial limbs, commodes, wheeled chairs.

Hospital bathing.

Collection and care of urine, feces, sputum, and discharges for the doctor.

Senior Year**Hospital housekeeping. Special:**

- (1) Preparation of room for fumigation.
- (2) Fumigation of a room.
- (3) Cleaning a room after fumigation.

Attending the ward physician on his rounds.

Transportation of patients — stretcher, mattress, ambulance.

Food service:

- (1) Proper food for the aged, paralyzed, very demented.
- (2) Precautions against scalding and choking.
- (3) Feeding the feeble and demented.

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(4) Training the untidy to better habits of eating.

(5) Tube feeding — preparation of food. Preparation and control of patients.

Care of patients in wheeled chairs.

The care and administration of medicines.

The care and use of external applications, surgical and disinfectant solutions.

Care of paralyzed limbs and contractures.

Enemata and douches. Preparation and administration after class-room instruction.

Care of the genitals.

Care of swollen limbs.

Dressing of chronic ulcers. Care and disposal of soiled clothing.

Dressing and nursing of skin diseases.

First aid in injuries; control of hemorrhage; management of fainting and shock; discovery of fractures and management.

Nursing of patients in a convulsion.

Nursing of a comatose patient.

Use and care of the catheters. (After class-room instruction only.)

Prevention of bed sores and abrasions.

Nursing of bed sores, abrasions, excoriations, etc.

Attention to the dying.

Care of the dead.

Keeping of charts and records and making reports.

Night duty:

(1) Attention to quiet moving and speaking.

(2) Ventilation, heating and lighting of wards and rooms.

(3) Method of systematically observing and nursing patients.

(4) Night clothing of patients.

(5) Guarding against exposure and draughts.

(6) Getting patients out of bed. Nursing of incontinence.

(7) Attention to food and drink when needed.

(8) Nursing of sleeplessness and restlessness.

(9) Precautions against accidents, escapes, suicides.

(10) Action in case of fire and other emergencies.

(11) Keeping night charts, records and reports.

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SCHEDULE E

Tuberculous Patients

Junior Year

Hospital rules and regulations — care of keys.

Department towards patients, medical and other officers, supervisors, fellow employes, visitors, etc.

Hospital housekeeping. Special:

- (1) Special ventilation of wards and rooms.
- (2) Temperature of wards and rooms.
- (3) Special methods of sweeping and dusting; the prevention of flying dust.
- (4) Utilization of sunshine as a disinfectant for bedding, clothing, furniture, rugs, etc.
- (5) Washing and disinfection of floors, woodwork, walls, and furniture.
- (6) Disinfection of clothing, bedding and other articles which have come in contact with sputum.
- (7) Care and disinfection of different types of spittoons.
- (8) Disposal of sputum.
- (9) Cleanliness and disinfection of nursing appliances and of dishes.
- (10) Disposal of articles of food left by patients.
- (11) Disinfection and disposal of infected stools.

Precaution to be taken by the nurse to avoid becoming infected:

- (1) General care of the health.
- (2) Care in regard to sputum and soiled articles.
- (3) Care and disinfection of the hands

Senior Year

Hospital housekeeping. Special:

(Junior work to be repeated)

Attention to the clothing of the patients in reference to temperature, cleanliness, freedom from infection by sputum.

Special attention to the bed and bedding in reference to protection from infection by sputum and discharges — airing, disinfection of the bedstead.

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Attention to obtaining the maximum amount of fresh air for each patient indoors and out.

Nursing of patients outdoors. Precautions against temperature, wind and dust, over-exertion.

Preparation of egg-nog and other special food.

Management of the dietary in special cases.

Instruction and training of patients in regard to expectoration and the disposal of sputum.

Taking temperature, pulse and respiration.

Giving of sponge bath and alcohol rub.

Massage. (Administration after special instruction elsewhere.)

Keeping sleep, weight, temperature and other charts and records.

SCHEDULE F

Convalescent Patients

Senior Year Only

Special exercise for patients — calisthenics, indoor and outdoor games, dancing.

Occupation of patients — special training of apathetic, dull, reluctant patients.

Diversion of patients — interesting apathetic and dull or irritable patients; music, reading, entertainments, games, excursions, etc.

Escape of patients — duties of nurse.

Attention to friends of patients and other visitors.

Administration of medicine.

Special care of private clothing.

SCHEDULE G

Epileptics

Senior Year Only

Household arrangements for safe-guarding epileptics, beds, etc.

Nursing during a convulsion; guarding against injury, exposure, choking, biting, etc.

Nursing after convulsion.

Nursing of status epilepticus.

Care of injuries, abrasions, bruises, cuts, fractures.

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Anticipation of convulsions; auræ, mental states.

Precautions against injuries and outbreaks.

Management of the epileptic — mental condition.

Nursing of epileptic excitement, depression and automatic states — preventive measures

Precautions in the occupations and diversion of epileptics.

Precautions in bathing epileptics.

Dietary of epileptics. Rectal medication.

Care of the mouth, teeth, stomach and bowels in epileptics.

Night care of epileptics. Precaution against accidents.

Charts and records.

SCHEDULE X*Hospital Housekeeping*

To be Given in Junior Year, on Ward Where Training Is Begun,
or Where most Convenient

Ventilation, temperature and lighting of wards in general.

Special attention in regard to these at meal-times and at other hours when wards are empty.

General and special cleaning of wards and rooms.

Care and cleaning of scrubbed and of polished floors.

Care and cleaning of tile, enamel, marble and metal work.

Care and cleaning of windows.

Care and cleaning of stairways, halls, clothes and dust chutes

Cleaning, ventilating and general care of toilet-rooms, lavatories and baths.

Care, airing and cleaning of bedsteads, mattresses, pillows and bed linen.

Care and cleaning of rubber sheets and other bed protectors.

General bed making.

Care and cleaning of furniture, rugs and carpets.

Care of brooms, brushes, mops, pails and other ward utensils.

Care of wardrobes, bureaus, etc., and their contents, in patients' rooms.

Care of patients' clothing at night.

Care of clothes and linen-rooms:

(1) Marking hospital and private clothing.

(2) Marking ward linen.

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- (3) Arranging clothing and ward linen.
- (4) Mending clothing and ward linen.
- (5) Care of footwear.
- (6) Sending to and receiving from the laundry.
- (7) Making requisitions and receipting for ward supplies.

Use and care of disinfectants and other poisonous ward solutions.

SCHEDULE H

Dispensary

Junior Year Only

Learn to wash bottles, medicine glasses, etc.

Learn table of apothecaries' measure.

Learn table of fluid measure.

Learn table of approximate measure.

Learn table of metric system.

Learn abbreviations and signs used in prescriptions.

Learn table of equivalent of metric system.

Learn to make 2, 5, 10 and 25 per cent solutions.

Learn to make solutions 1/500, 1/1000, 1/5000.

Learn to weigh medicines.

Learn to measure medicines.

Learn to recognize more commonly-used medicines.

Learn administration of dose of cod-liver oil; castor oil; rochelle salts; epsom salts; bromide potassium.

Learn administration of powders, tablets, pills, etc.

Learn antidotes for poisons; acids; alkalies; corrosive sublimate; carbolic acid; oxalic acid; opium; belladonna; chloral; strychnine.

SCHEDULE I

Diet Kitchen

Care of kitchen. Ventilation, cleanliness, etc.

Care of ranges.

Care of utensils.

Care of refrigerator.

Preservation of food stuffs.

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Preparation of foods:

- (1) Broiling steaks, chops, etc.
- (2) Preparation of soups, broths, beef tea, meat juice.
- (3) Cooking eggs — boiling, poaching, scrambling, baking.
- (4) Cooking potatoes — boiling, baking, creaming.
- (5) Cooking cereals.
- (6) Breads — toast, muffins, etc.
- (7) Various methods of preparing clams and oysters.
- (8) Milk — acid, malted, egg-nog, koumiss.
- (9) Lemonade, white of egg and water, orangeade, etc.
- (10) Preparation of fruits.

Preparation of tray and methods of serving the various articles of food.

SCHEDULE J

Autopsies

Preparation of body for examination.

Preparation of appliances, water, sponges, instruments.

Assisting physician during examination.

Nurse's duties after conclusion of examination:

- (1) Sewing up cavities.
- (2) Preparation of body for transportation.
- (3) Care of instruments.

Nurse's duties when an autopsy is to be held in a private house.

Attitude towards friends of deceased.

Preparation of room, table, utensils, instruments, etc.

Assisting examiner.

Care of body and room after examination is completed.

SCHEDULE K

Gynecological Cases

Senior Year Only

Preparation of the table.

Articles and instruments needed for examination.

Preparation of instruments before, and care after, examination.

Preparation of tampons, cotton balls, etc.

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Preparation of patients — bowels, bladder, etc.

Placing of patient — dorsal, lateral, Sims's, knee, chest, and upright position.

Douches — preparation and administration.

Care of douche nozzles.

Sterilization of hands.

SCHEDULE L*Hydrotherapy*

Care of hydrotherapy room — supplies, cleanliness, ventilation, etc.

Care and use of steam boxes, douche table, continuous bath, boiler, ice box, etc.

Preparation of patient for bath, care of clothing.

Points to be considered when bath is to be given. Action of bath, effect on pulse, etc.

Precautions to be observed during and following bath.

Technique of the various hydrotherapeutic measures:

- (1) Ablution.
- (2) Affusion.
- (3) Douches — jet, fan, spray, rain, needle, spinal, nasal, Scotch, etc.
- (4) Packs — dry, wet, cold, hot, local and general.
- (5) Sheet bath.
- (6) Drip sheet.
- (7) Full bath — cold, warm, hot.
- (8) Full bath for reducing fever, cot for reducing temperature.
- (9) Local — Sitz, foot, etc.
- (10) Continuous baths.
- (11) Steam and vapor baths — local, general.
- (12) Hot-air baths.
- (13) Medicated baths.
- (14) Alcohol, sponge, shampoo.
- (15) External application of heat — hot-water bags, stupes, etc.
- (16) External use of ice — ice bags, coils, etc.

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SCHEDULE M

Laboratory

Urinalysis:

- (1) Amount. How to obtain a 24 hours' specimen.
- (2) Precautions to be observed in securing and preserving specimen of urine for analysis.
- (3) Examining and recording:
 - Color, odor, etc.
 - Specific gravity.
 - Reaction.
 - Sediment.
 - Characteristics of acid urine.
 - Concentrated urine.
 - Albumin — test for amount. How to show relative amount on successive days.
- (4) Sugar — test for.

SCHEDULE N

Bandaging

Senior Year

- (1) Spiral, figure of eight; spiral reverse bandage.
- (2) Arm bandage, elbow, spica of shoulder, single and double.
- (3) Hand bandages, spica of thumb.
- (4) Foot, including heel; leg, including knee.
- (5) Stump dressing and bandage.
- (6) Recurrent of head.
- (7) Slings, handkerchief bandages, four-tailed bandages, scultetus bandage.
- (8) Eye bandages.

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SCHEDULE OF WARD SERVICE AND PRACTICAL
WORK

Schedule	Class of Patients	PERIOD WARD SERVICE	
		Junior months	Senior months
A	Acute medical and surgical,	3	3
			1 mo. n. duty
B	Acute insanities — excite- ments	2	2
			2 wks. n. duty
C	Acute insanities — depres- sions, confusions, delu- sional states	2	2
			2 wks. n. duty
D	Infirm, chronic bed cases..	3	
		1 mo. n. duty	
E	Tuberculous	1	1
F	Convalescent		1
G	Epileptics		1

SPECIAL SERVICE AND INSTRUCTION

H	Dispensary	2 weeks	
		$\frac{1}{2}$ day duty	
I	Diet kitchen		1 month
			$\frac{1}{2}$ day duty
J	Autopsies — assisting at at least three.		
K	Gynecology — attending at examinations and clinics — at least six.		
L	Hydrotherapy — assisting in special bath- room.		
M	Laboratory		6 hours
N	Bandaging.		

MEDICAL SERVICES

There has been no change in the medical staff during the past year. All have rendered an efficient service in the discharge of their duties.

On September twenty-sixth the meeting of the Up-State Assistant Physicians' Association was held at this hospital, all hospitals being represented except Binghamton. A paper was read on

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"The Anxiety Psychosis," by Dr. G. H. Kirby, assistant in clinical psychiatry at the Pathological Institute. Also a paper on the "Pathology of General Paralysis," by Dr. C. B. Dunlap of the same institute. The subject for general discussion was "Involution Melancholia" and "Depressions not Sufficiently Distinguished." Eleven clinical cases were presented by the staff and discussed by the visiting physicians.

On October 13, 1906, a male attendant developed diphtheria, which spread rapidly through the hospital in spite of every available precaution until on December fifth we had had thirty-six cases. The State Department of Health was notified, and, after careful investigation, concluded that a strict quarantine was necessary and issued orders to that effect.

To Dr. Frederick C. Robbins, one of my assistant physicians, who had charge of the patients at the Quarantine cottage, and to Dr. Carl Von A. Schneider, who had charge of the pathological work, I am indebted for the following reports:

DIPHThERIA EPIDEMIC**OUTBREAK OF THE EPIDEMIC**

Our epidemic came out of an apparently clear sky, there never having been any cases in the hospital, and, so far as we can ascertain through the Board of Health, there had been no cases in the vicinity for a considerable length of time. However, we might assume a possible source in the fifty male patients — or their effects — who were transferred here from Manhattan State Hospital on October 2, 1906. There were several cases in the above-named hospital, one in May, and several in February, none of which were in any way connected with the wards from which these patients, who were all old commitments, came. Therefore, we eliminated this as a source.

About a year previous to the first case, which was a nurse, there had been diphtheria in a home at which said nurse called a great deal just prior to his illness. The house had never been fumigated to his knowledge. Another possible source, then, was that he, having become infected there, became ill here, giving rise to the disease. This, of course, was not conclusive.

On October 13, 1906, the nurse before mentioned, on whose ward were no sick patients, became ill with an ordinary cold, which

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later (October sixteenth), developed into diphtheria. Before this case (I) was diagnosed as diphtheria, his wife, the charge nurse of Ward 16, was with him, going back and forth to her ward, thereby infecting that ward and Ward 14, which is connected with Ward 16 by double doors. The patient in the meantime had infected his ward (13) before his case was diagnosed and he was removed to the Nurses' Home. These three wards are on the top floor, one in the East pavilion and the other two in the West pavilion, from which clothing and blankets were sent to the sewing-room, which is located on Ward 4. Later attendants and several patients from these wards went to the sewing-room to get the mending and blankets, thereby infecting Ward 4. The charge nurse on Ward 15, contrary to rules, opened the closed doors into the adjoining ward (13), in which epidemic started, that he might use the telephone, thus infecting that ward, from which there developed three cases. He contracted the disease and infected the girl who cared for his table. The cases were, therefore, confined to Wards 13 and 15 on the male side, and 14, 16 and 4 on the female side.

ESTABLISHMENT OF QUARANTINE

As soon as a case was found on a ward, the ward was quarantined. When Case II broke out it was found necessary to have a quarantine station. There was on the grounds a small cottage of eight rooms and a bath, with all modern conveniences, which had been used for the night female attendants and was now vacant. The two cases were moved to the cottage and volunteer nurses called for. After this, cases were discovered daily, and on October twentieth the State Board of Health quarantined the entire institution. By the twenty-ninth the cases were so numerous that it was necessary to build an annex, which was begun on the twenty-ninth and finished on the thirty-first. This was a story and a half wooden structure — dimensions 40 x 20 x 6 feet, with pitch roof, highest elevation twelve feet — adjoining the cottage and fitted with steam coils and electric lights. This was used for the female patients, while a wall tent, which was obtained from Dr. E. H. Howard of the Rochester State Hospital, and erected over a wooden floor the next day, was used for the male patients. This was heated by a small Russian stove and lighted by electricity. Thus was a quarantine established.

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IMMUNIZATION

As soon as cases were discovered on infected wards we began to immunize patients, using 600 to 700 units of New York State antitoxin. At the beginning of the epidemic we had on hand a small quantity of Mulford's and Parke, Davis & Co.'s antitoxin, which was used until the supply from Albany arrived. We immunized 866 patients with New York State antitoxin, 27 with Mulford's and 5 with Parke, Davis & Co.'s. We had 16 cases in whose throats diphtheria bacilli were found and no membrane developed. Fourteen of these cases had been previously immunized, in each of which there was rise of temperature, marked prostration with cardiac weakness and much irritation of pharynx. In six cases bacteriological diagnoses were first made, in each of which a membrane developed, five in two days and one in three days after diagnosis, three having had immunizing doses, two having 600 units of New York State antitoxin the day previous to diagnosis, and the other 500 units of Mulford's four days previous.

Two cases had membranes and all the clinical symptoms, but no diphtheria bacilli were found at any time, both these cases having received immunizing doses of 600 and 900 units of New York State antitoxin fourteen and five days, respectively, previous to diagnosis. The last two cases we had developed a membrane on December fifth, one having been immunized November eighth and the other November sixteenth, each receiving 600 units of antitoxin and both being on wards that had had no previous cases. We had no cases of abscess following injection and the reaction, which consisted of mild erythema, was present in twenty-seven cases following use of New York State antitoxin and in eight cases following Mulford's. In one case, immediately following an injection of 500 units of Mulford's, there was a very severe reaction resembling an acute attack of asthma. The patient's eyes were suffused and there was marked dyspnea. These conditions lasted three hours.

Parke, Davis & Co.'s and Mulford's serum are furnished in glass syringes, which we used, while New York State antitoxin is furnished in small bottles, each containing nearly 5 c. c. This we used in a solid piston metal syringe containing 5 c. c. The syringe and needle were sterilized, a new needle being used in each case, and injections were made between or over the scapulæ.

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Every patient received antitoxin and all nurses and employes who wished it were given it.

CLINICAL SYMPTOMS

The first cases were diagnosed by clinical symptoms, there being marked difficulty in swallowing, and, on inspection, membranes were found formed on tonsils, palate or on posterior pharyngeal walls, there being no laryngeal or nasal cases. The membrane which had its characteristic odor was grayish-white in color, and on being removed left a raw surface. Case X developed some aphonia which persisted several days, and, as the cases advanced, all showed cardiac prostration, the pulse being slow and of very poor tension. In Case II the membrane increased daily for four days, covering the entire soft palate and both tonsils, practically forming a white curtain across the posterior portion of the oral cavity. On the tenth day this membrane had disappeared.

There were three cases of post-diphtheritic paralysis of the pharyngeal muscles with regurgitation of liquids through the nose. In two cases this condition passed in three days; in the third case it persisted for two weeks, and after discharge of patient recurred. This case had present a constant albuminuria with hyaline casts. One case developed deafness of both ears after the third negative culture had been taken, but this ceased after a few days' treatment by politzerization.

There were several cases of pharyngitis and tonsillitis where cultures showed streptococci, and which later developed diphtheria bacilli. These cases were then moved to the cottage. In ten cases where the membrane was present when case was diagnosed, diphtheritic bacilli were found in the smear, which was examined immediately. Two cases had a membrane, but the bacteriological diagnosis was negative at all times; in six cases diphtheritic bacilli were found in the throat two and three days before membrane developed; in sixteen cases, where diphtheritic bacilli were found, no membrane developed at any time.

BACTERIOLOGY

(See Laboratory Report.)

TREATMENT

Directly a case was diagnosed as diphtheria we gave the patient 5,000 units of antitoxin. If this did not retard the disease 3,000

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units were given the second day, for we waited not more than twenty-four hours for a favorable effect of the first injection. Case II received the greatest amount of antitoxin, 13,500 units, the others varying from 5,000 to 10,000 units, though the majority of cases improved after first injection. The patients were kept on special diets. They were given milk and raw eggs until there was some improvement, then they were given broths and custard and when convalescent had cereals, vegetable soups and rice and bread puddings. They were allowed all the milk they wanted at all times.

All cases showed a cardiac weakness and on this account no patients were allowed to sit up in bed or to leave the bed inside of two weeks. For this condition 1/120th grain of strychnia sulph. was given three to four times a day, and after patients were allowed to get up, port wine was used to hasten convalescence. In the beginning we used gargles and sprays of dioxygen 50 per cent, alcohol 33 per cent, and fluid extract eucalyptus 25 per cent, in water, but soon discovered that they were not beneficial and discontinued their use. We used mercurius dulcis 1x in five-grain doses as a cathartic, which some of the older patients needed. The homeopathic treatment consisted in the use of aconite tincture to overcome the retention of urine, a condition common to several of the cases; gelsemium tincture for the pains of muscles of the back and legs, which were at times very severe; mercurius protiodide 2x for the exudate and membranes on the tonsils, the results being very satisfactory; china tincture and arsenicum 3x, to strengthen the patients during convalescence on account of great prostration, and echinacea tincture to overcome the marked systemic infection.

MANAGEMENT OF THE EPIDEMIC

Those patients in whose throats a membrane was found were immediately sent to the cottage, as were those from whose throats cultures were taken on routine inspection and found to be positive. The patient was taken down the fire-escape, placed on a mattress in a covered wagon used expressly for conveying patients from hospital to the cottage. There were six volunteer nurses — four women and two men — and three nurses, who, upon recovery from diphtheria, were retained as nurses at the cottage. One female graduate nurse was placed in charge, one female attendant was detailed to cook with one other to assist her, and the others

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(four) cared for the patients. Each of the two male graduate nurses had twelve hours on duty, one from 12 M. until 12 midnight, when he was relieved by the other. Each nurse was required to walk one hour out of doors every day, regardless of weather, and to have at least eight hours' continuous rest. To prevent escape from the tent, wire chicken netting was stretched across inside of ends and sides, and a whistle was given each night nurse that he might summon help in case of emergency without leaving his post. One male attendant was detailed to carry food supplies, a list of which was obtained over the telephone by the matron each morning, from the hospital kitchen to the cottage veranda, where there were receptacles for the various supplies. On the quarantine wards food was supplied in elevators, the dishes being washed on the wards and nothing whatsoever, except laundry, leaving the wards during quarantine.

All patients were kept in quarantine at least twenty-one days, and before dismissal there must be three consecutive negative cultures, the last of which was taken from the nose as well as the throat. Two days elapsed between each culture, making the shortest time in which to obtain the required number of negative cultures nine days. In several cases, after two negative cultures were taken, the third was found to be positive and a new series was begun. The nurses underwent the same examination before they were dismissed.

At the beginning all the woolen clothing of the Manhattan transfers was burned and all their underclothing put in bags and sent to the laundry to be sterilized. All clothing and bedding from the infected wards were sterilized before being returned from the laundry, and all bedding and clothing from Quarantine cottage were first soaked in 1 to 1,000 mercurial solution, then sent to the laundry by an attendant detailed to do that work, where they were sterilized again and then laundered.

Every few days the patients on infected wards were bathed in formaldehyde solution, wrapped in clean sheets and sent to another ward which had previously been fumigated, while their ward was receiving like treatment. The wards were fumigated with sulphur, using 3 pounds to 1,000 cubic feet, but we found that this decolorized the paint and brasses to such an extent that we changed to formaldehyde which we vaporized in open dishes, using 10 ounces of formaldehyde to 1,000 cubic feet, and 5 ounces of alcohol to vaporize this amount on an alcohol vapor stove. The

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mail was fumigated in a drawer with a Lister's formaldehyde candle, each piece of mail being marked "fumigated." One physician, the writer, was given complete charge of the cottage, sleeping at the administration building. Upon entering the cottage he wore a sterilized cap and gown, leaving his outer garments on the veranda, and upon leaving washed his hands, face and arms in a bichloride solution, placing his cap and gown on veranda, where they could be taken and sterilized before next visit. Two physicians — Drs. Schneider and Perkins — were detailed to do laboratory work, each taking smears and cultures from the male and female sides of the house respectively, and in the laboratory one doing the staining and the other microscopic work. One of these physicians, Dr. Schneider, slept at the hospital so that in case of a call from the wards he might go, as the physician in charge of the cottage was not allowed on the wards.

The State quarantine, which had been rigidly maintained, was lifted at noon, November 24, 1906. We had four violations of quarantine, all of which were men. One returned immediately; one was arrested by the police in Buffalo, where cultures were taken from nose and throat by the Board of Health, and, these proving negative, he was released; one was arrested in Cattaraugus, quarantined in his home for a week and a negative culture taken; the other was quarantined for two weeks at Collins, as he refused to have any cultures taken. The last case sent to the cottage before quarantine was lifted, was on November 11, 1906. On December fifth two cases were discovered on an uninfected ward and immediately sent to the cottage. April 6, 13 and 14, 1907, three cases were discovered, two on previously infected wards and one on an uninfected ward. The precautions, conditions and treatment were precisely as those existing during the fall epidemic.

MORTALITY

Recovery rate was 100 per cent. Case I, a man thirty-five years of age, had measles about two years ago, and following this he developed albumenuria. His physical condition for six months prior to diphtheria was very poor, and at his own request he was given outdoor labor. As soon as his case was diagnosed as diphtheria his urine was examined, and analysis showed albumin and hyaline casts. He developed paralysis of the pharyngeal muscles, a condition that improved so much that upon discharge his physi-

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cal condition, though poor, was much better than anticipated. He was advised to go on a farm, where he could rest, take mild exercise and have plenty of nourishing food. A month later he returned to the hospital of his own accord as he had taken a serious cold about two weeks previous. We found an almost total paralysis of the pharyngeal muscles and that he had eaten nothing for three days. As he could not swallow he was given nourishing enemas, but ten days later he became so resistive that it was necessary to discontinue these. He died three days later from inanition. This case is the only one of the diphtheria patients who died.

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Summary of Diphtheria Epidemic

No.	Date	Name	Age and Sex	Source	Immunizing doses	Reaction	Occupation	Antitoxin	Remarks
1	1906 Oct. 16.	E. E. N.	35, M.	Unknown.			Att. Wd. 13.	{ 3000 M. 2000 P.D.	
2	Oct. 18.	F. H.	29, M.	Unknown.			Pat. Wd. 13.	{ 3000 M. 10500 N.Y.	
3	Oct. 18.	B. W.	25, F.	Case 1			Att. Wd. 16.	4000 M.	
4	Oct. 20.	R. W.	30, M.	Unknown.			Stenographer.	7000 M.	
5	Oct. 21.	J. C.	30, M.	Case II		Erythema urtic. immed.	Att. Wd. 13.	3000 M.	
6	Oct. 22.	O. W.	27, M.	Case II	Oct. 19, 500 M.		Pat. Wd. 13.	7500 N.Y.	
7	Oct. 23.	F. B.	21, F.			Urticaria, 11 da.	Quarantine nurse.	3500 M.	
8	Oct. 24.	C. M.	56, F.	Case 3.			Pat. Wd. 16.	4500 N.Y.	
9	Oct. 26.	B. J.	63, M.	Infec. Wd. 13			Pat. Wd. 13.	7500 N.Y.	
10	Oct. 27.	A. F.	38, M.	Infec. Wd. 13			Pat. Wd. 13.	4000 P.D.	
11	Oct. 28.	C. C.	19, F.	Case 3.			Att. Wd. 16.	2000 M.	
12	Oct. 28.	M. L.	42, F.	Clothing, sewing R.			Pat. Wd. 4.	4500 N.Y.	
13	Oct. 28.	V. L.	36, M.	Infec. Wd. 13	Oct. 27, 600 N.Y.	Erythema, 10 da.	Pat. Wd. 13.	2500 N.Y.	
14	Oct. 28.	E. C.	23, F.	Case 3.	Oct. 28, 500 N.Y.		Att. Wd. 16.	2000 M.	
15	Oct. 29.	W. S.	53, F.	Infec. Wd. 4	Oct. 28, 500 N.Y.		Pat. Wd. 4.	6000 N.Y.	
16	Oct. 29.	C. J.	53, F.	Infec. Wd. 4	Oct. 28, 500 N.Y.	Urticaria erythema, 8 da.	Pat. Wd. 4.	6000 N.Y.	
17	Oct. 30.	M. D.	56, F.	Infec. Wd. 4	Oct. 28, 600 N.Y.		Pat. Wd. 4.	4500 N.Y.	
18	Oct. 31.	E. M.	45, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.	Erythema, 10 da.	Pat. Wd. 14.	4500 N.Y.	
19	Nov. 1.	J. S.	37, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.		Pat. Wd. 14.	5000 N.Y.	
20	Nov. 1.	J. M.	34, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.	Erythema, 10 da.	Pat. Wd. 16.	5000 N.Y.	
21	Nov. 1.	E. N.	61, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.		Pat. Wd. 14.	5000 N.Y.	
22	Nov. 1.	E. N.	58, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.	Erythema, 16 da.	Pat. Wd. 14.	5000 N.Y.	
23	Nov. 2.	M. O.	48, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.		Pat. Wd. 14.	5000 N.Y.	
24	Nov. 2.	G. K.	36, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.	Erythema, 16 da.	Pat. Wd. 14.	5000 N.Y.	
25	Nov. 2.	A. B.	62, F.	Infec. Wd. 14	Oct. 28, 600 N.Y.		Pat. Wd. 14.	5000 N.Y.	
26	Nov. 2.	N. R.	63, F.	Infec. Wd. 4	Oct. 28, 600 N.Y.		Pat. Wd. 4.	5000 N.Y.	
27	Nov. 4.	J. A.	49, F.	Infec. Wd. 4	Oct. 28, 600 N.Y.		Pat. Wd. 4.	5000 N.Y.	
28	Nov. 4.	M. B.	62, F.	Infec. Wd. 4	Oct. 28, 600 N.Y.	Erythema, 10 da.	Pat. Wd. 4.	4000 N.Y.	

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PATHOLOGICAL WORK IN CONNECTION WITH
DIPHThERIA EPIDEMIC

During the fall the prevalence of diphtheria necessitated considerable bacteriological work. One thousand six hundred forty cultures were examined: of these 1,546 were grown from material taken from the throats and nostrils of patients and ninety-four from tubes or Petrie dishes exposed to dust in the Quarantine cottage, laboratory and infected wards. Besides these, there were thirty-six smears made directly from patients complaining of sore throat. All wards affected were quarantined, the patients and attendants immunized and throats and nostrils swabbed. Patients showing positive results were isolated until three successive cultures, taken on alternate days, proved negative. The bacilli persisted from ten days to two months, the length of time seemingly uninfluenced by the severity of the case. In sixteen cases showing bacilli no membrane developed. In two cases having a membrane and severe clinical symptoms, the bacilli could not at any time be demonstrated. Of the direct smears, ten were positive. Tubes and Petrie dishes inoculated with dust from the Quarantine cottage and laboratory were positive. Growths of the bacilli exposed to the fumes of formaldehyde and sulphur for from two to twenty-four hours were still capable of developing when a new tube was inoculated. Growths exposed to a temperature of sixty centigrade for twenty minutes were innocuous.

No experiments were made with animals, but all examinations considered positive showed the cultural and morphological peculiarities of the diphtheria bacilli. Agar-agar, bouillon, potato and Loeffler's blood serum were used. The blood serum proved most satisfactory. Gram's and Neisser's methods and Loeffler's alkaline methylene blue solution were used in staining.

PATHOLOGICAL LABORATORY WORK

Urinalysis.—A routine examination of the urine of all the patients on admission and of the hospital patients was made, and also an examination of any other patients deemed advisable. Three hundred ninety-five specimens of urine were examined; thirty-nine cases showed albumin only; thirty cases showed both albumin and casts; twenty-two cases showed casts alone. In one case sugar was demonstrated. In two cases morphine crystals were demonstrated, persisting for five and twelve days after admis-

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

sion. In one case chylunia with living filaria, and in two cases living amœbæ were found.

Sputum Examinations.—Sputum from twenty-five patients was examined for tuberculosis. Of these, nine proved positive.

Blood Examinations.—The blood pressure was taken in twenty-five cases, and the hemoglobin in 200; twenty cases were examined microscopically. In two of these cases morphine crystals were demonstrated, persisting in one case for twelve days after admission. In five cases a leucocytosis was demonstrated.

Pus Examinations.—Three examinations of pus were made, two from leg ulcers and one from a case of phlegmonous arysipelas. They showed staphylococci, streptococci and pus cells.

Bovine Tuberculosis.—One hundred and fifteen cattle were tested with tuberculin. Of these twenty-five reacted. Those killed showed tubercular lesions in the intestines, udders and lungs. Tubercular bacilli were found in the milk in two cows, but could not be demonstrated in the others despite repeated examinations.

Autopsies.—There were thirty-six autopsies performed during the year, or $66\frac{2}{3}$ per cent of the total number of deaths. The last nineteen were worked up microscopically and slides from the various organs preserved. The following table shows cause of death as found at the autopsies:

Lobar pneumonia	8
Broncho-pneumonia	1
Cardiac rupture	2
Endocarditis	4
General paresis	5
Dysentery	2
Phthisis	4
Uræmia (nephritis)	1
Hepatic abscess	1
Pulmonary abscess	1
Gangrenous gastritis	1
Peritonitis	1
Stenosis of bowel	1
Fracture of cervical vertebræ	1
Carcinoma of intestines	1
Exophthalmic goitre	1
Huntington's chorea	1

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In view of their rarity, it is interesting to note that two of the thirty-six cases examined showed rupture of the heart. Gallstones were found in seven cases and urinary calculi, associated with suppurative pyelo-nephritis, in one. Occlusion of the bowel, carcinoma of the stomach, ulcer of the œsophagus involving all but the serous coat, hepatic abscess, fibroma of the uterous and cystic ovaries were among the most interesting conditions found. Two cases (exophthalmic goitre and Huntington's chorea) showed no lesions sufficient to cause death.

REPORT OF DR. ROBERT MUIR, ODONTOLOGIST

Artificial dentures made.....	9
Artificial dentures repaired.....	4
Carious teeth extracted.....	195
Roots extracted.....	388
Prophylactic treatments of teeth.....	19
Fillings:	
Gold.....	2
Amalgam.....	17
Cement.....	21
Gutta percha (temporary).....	20
Gutta percha (permanent).....	4
Treatments of teeth.....	20

REPORT OF DR. F. PARK LEWIS, OPHTHALMOLOGIST

Eyes examined.....	53
Glasses fitted.....	35

IMPROVEMENTS

The extension of porches to the front of the East and West pavilions has been completed, and gives us an increased facility for sitting-room space in the summer time to the first-floor patients and will add much-needed space to the second floor, where we take care of our tubercular patients. At this time the second floors of the present porches are over-crowded with this class of the sick, and as soon as the State Commission in Lunacy can allow us an appropriation for guards other patients suffering from tuberculosis throughout the house will be brought out upon these porches and given every modern care that our facilities afford

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for their recovery. These upper porches, off Ward 11 on the male side and Ward 12 on the female side, have been used for the past three years exclusively for the tuberculous patients. They have been kept here in beds and in chairs during the summer time, and throughout the winters in beds with increased bed clothing. On the three open sides of the porches there are hung canvas curtains, which are kept up when the wind is not too strong and the sun is bright, and are fastened down on dark and stormy days. A small, sheltered commode has been erected on one corner of the porch, and all patients eat in bed from trays. With this treatment of plenty of pure air, sunshine and lots of food, we have had many recoveries from this dread disease, and we have failed yet to determine any bad results from the patients being out on the porch in the severest weather. We have, however, asked the Commission for an appropriation with which to enclose these porches with window sash.

During the past year the old dormitory for employes over the present patients' congregate dining-room has been renovated throughout and is now in use as a dining-room for all the employes of the institution. All the partitions of this dormitory were torn down, a new floor placed, also steel ceiling, it was replastered, steam and electrical repairs made, painted in light colors and furnishes a dining-room with plenty of light during the winter months and good ventilation throughout the year. A serving-room was fitted up over the present congregate dining-room serving-room, an Otis elevator for elevating the food from the kitchen installed, and new furniture placed throughout this space. This provides a large, roomy and light dining-room for the present employes of the institution and an increase in our employe population of at least one hundred. It is a vast improvement over the old dining-room for employes located in the basement.

The dairy barn, for which the Legislature a year ago allowed an appropriation of \$3,000, has been finished throughout for the stipulated appropriation and will be put in commission November first.

A new 165 horse-power boiler of the horizontal tubular manufacture was installed last winter and put into commission in the power-house. This, together with the 150 horse-power Fitzgibbons boiler contracted for and which will be in commission by December first, will give us ample power and reserve for all purposes.

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The stable for road horses, situated back of the power-house, was completed last spring and is a great convenience. Formerly it was necessary, when a team was desired, to send a half a mile to the farm barns for it.

We have also completed the fire line to the farm-house, the dairy barn and piggery, which gives ample protection to these buildings in case of fire.

We have also purchased the machinery for the shop extension to the power-house and are thus enabled to do much more work than formerly.

NEEDS**ACUTE HOSPITAL**

There is no question about the necessity of an acute hospital at all institutions. The Commission have at all times manifested their willingness that this hospital should have one and sanctioned an appropriation for same last year at the meeting at this hospital. About all State hospitals have an acute building and it seems only proper and right that the people in the district of this hospital should have as good facilities for the care and cure of their patients as other districts in the State. We would therefore ask for \$95,000 for the purpose of constructing an acute hospital wholly separate from the present hospital buildings.

COLD STORAGE

The necessity for a cold storage is that we have too small refrigerating room. The fact is, our refrigerating room was built for a group of buildings originally intended for 250 patients and employes. We have now 1,100 using the same refrigerators, and the Commission and the Legislature can easily appreciate its crowded condition. Besides this, we do our own killing and we have no place to store meat for curing. The Commission has appreciated previously the necessity for a cold storage at this hospital, and an appropriation was allowed by the Legislature last year but vetoed by the Governor on account of lack of funds. We would ask for a reappropriation for this building.

FARM (EIGHTY ACRES)

We give the same reasons as formerly. This appropriation was allowed by the Commission but was cut off by the Ways and Means Committee last year. Our institution is situated right up

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

against our line fence, where there is a woods. This woods has been afire several times and has endangered both the Amusement Hall and the Nurses' Home. Besides we need these woods as a recreation ground for patients. I would also state that we are in need of more land for farm and garden purposes, as we have not sufficient cultivated for the needs of our patients and our stock.

ELECTRIC FANS FOR HOSPITAL WARDS

These fans are used in most hospitals throughout the State, and every hospital should have them in the interest of the comfort of the sick and weak, especially during the summer months.

WALKS AND DRIVES

We have now very good walks on the female side of the house, due to the appropriations allowed by the Commission. We have, however, none on the male side and we ask for this appropriation for this purpose. We also wish during the coming season to commence walks and drives through the groves in the vicinity of the power-house, where we are much in need of them. During the winter time our male patients have no walks except those which are muddy and sometimes almost impassable.

DRAIN TILE (4,000 FEET)

For draining field in the vicinity of Superintendent's residence and staff-house. This appropriation was recommended by the Commission one year ago and was asked for but not allowed by the Ways and Means Committee. It has been recommended again by the State Commission in Lunacy.

COVERED CORRIDORS BETWEEN ANNEX AND EAST AND WEST
WINGS

These corridors should be covered in order that employes and physicians may go back and forth on the second floors without having to go downstairs and around. Also we have many patients who work in the sewing-room, and in order to reach the sewing-room they have to pass over the roofs of these corridors. These roofs are unsheltered and are dangerous should any patient be inclined to jump over.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT
INDUSTRIAL SHOP

An appropriation of \$2,500 was allowed two years ago. As this did not appear to be a sufficient appropriation to complete the work, the Commission asked us to defer building and ask for an increased appropriation, which was allowed by the Assembly, being placed in the supply bill of last year. It, however, was vetoed by the Governor on account of lack of funds. This we are very much in need of and have been for the past four years, which the Commission, I feel sure, appreciate as we have no room for our shops except in the basements of the ward buildings.

GUARDS OVER TOPS OF PORCHES FOR WARDS 15 AND 16

All the other wards have porches except these two. The porches of these buildings only run up two stories. Both of these wards are disturbed wards and at times it is impossible to take the patients out walking. They should have some room for recreation and good air off the wards.

MEDICAL SUPPLIES AND APPARATUS

This item was allowed by the State Commission last year, but was disallowed by the Ways and Means Committee. This hospital is less equipped with surgical supplies than any hospital in the State. We are especially in need of a new microscope and case for our instruments in the operating-room, besides numerous instruments and apparatuses, which we feel we should not do without longer.

ENGINE AND DYNAMO

The present capacity of the electric-lighting plant is 1,200 lights. This power is divided between two machines, one of 800 and one of 400-light capacity. During the winter the plant is often taxed to its full capacity, and in case of an accident occurring to one of the dynamos or engines the hospital would be badly crippled for light. To be in a safe position on the lighting question, we should have another dynamo and engine of 1,200-light capacity. This would also provide for considerable future extension.

STORAGE RESERVOIR

This hospital has at present absolutely no means of water storage. The entire capacity of the storage tank will not exceed

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

140,000 gallons, which would be about fifteen or sixteen hours' supply for the hospital. If we should have a bad fire, it would be impossible with the present inefficient apparatus for raising the water supply to pump the water as fast as it would be used. The present receiving tank in the rear of the power-house occupies space which should be used for coal storage, and, as this is simply a wooden tank, it has decayed considerably and is in bad condition. To supply the needs of the hospital in this respect, we should have a concrete reservoir of at least a million gallons' capacity.

WATER SOFTENER FOR LAUNDRY

The water used at this hospital is very hard, which makes it necessary to use an enormous amount of soap. We believe that a saving of 50 per cent could be effected, both in soap and in the wear and tear on the clothing, by installing a water-softening apparatus.

EXTRA SET OF PANS FOR HOPPES' PURIFIER

There is installed in the power-house a Hoppes' purifier for purifying the feed water to the boilers. There are in this purifier fifty-four pans which catch the scale-forming impurities. It is necessary to clean these pans every three or four weeks. This operation takes about two days, during which time the purifier is out of commission. This means that from one to two wheelbarrow loads of lime, magnesia, etc., are allowed to pass into the boilers, which might be prevented if we had an extra set of pans for this purifier.

CONDUIT FOR ELECTRIC CABLES

The present electric lighting and telephone wires to the Superintendent's residence and staff-house are carried on a set of wooden poles across the front yard. Some of these poles have become decayed, and, as the cables on them are very heavy, it will soon be necessary to erect new poles to take their places. We could, by a comparatively small expenditure, put all these cables in an underground conduit, which would not only eliminate any further expense for maintenance or repairs, but would do away with the unsightly line of poles across the lawns.

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GAS WELL

Our gas supply from the wells drilled five and eight years ago has continued to gradually decrease until we have only sufficient left to supply the laundry and Superintendent's residence. These gas wells have over and over paid for themselves and we would suggest to the Commission that an appropriation be allowed for drilling another well on a different locality of the farm.

I herewith submit a tabulated form giving the needs of this hospital for the coming year, together with approximate cost:

Acute Hospital	\$95,000 00
Cold storage	25,000 00
Farm (eighty acres).....	10,000 00
Engine and dynamo.....	5,000 00
Electric fans for hospital wards.....	200 00
Walks and drives.....	1,000 00
Storage reservoir	5,000 00
Water softener for laundry	2,000 00
Purifying pans for Hoppes' purifier.....	450 00
Four thousand feet of drain tile to drain field in vicinity of Superintendent's residence and staff- house	400 00
To construct covered corridor between Annex and east and west wings.....	800 00
Conduit for electric cables.....	500 00
Industrial shop	3,000 00
Medical supplies and apparatus.....	500 00
Guards over porches for Wards 15 and 16.....	600 00
Machinery for tin shop.....	225 00
Platform scales	225 00
Hot water feed pump.....	175 00
Gas well	2,000 00
Retubing two boilers.....	500 00

VISITATIONS

The hospital has been visited and inspected the past year by Mrs. William Bookstaver of Dunkirk, N. Y., and Mrs. G. W. Patterson of Westfield, N. Y., representatives of the State Charities' Aid Association; by Miss Mary Vida Clark, assistant secretary of the same association; by Commissioners Pilgrim, Park-

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hurst, Viele and Secretary McGarr on their regular visits, as well as by Dr. William L. Russell, Medical Inspector of the State Commission in Lunacy. Also by the Board of Managers on their regular monthly visiting days, and by the following others: Hon. Chas. E. Hughes, Col. Treadwell and Hon. and Mrs. Robert Lynn Cox, W. L. Nuttall, T. J. Cummings and W. H. Thompson, Chautauqua county supervisors; Dr. Geo. Armstrong, Dr. H. P. Frost, Dr. Joseph Betts, Dr. Geo. R. Gorrill, Dr. B. R. Nairn and Dr. John C. Calhoun, of Buffalo; Mr. W. S. Remington, Dr. E. B. Potter, Dr. William Veeder, Dr. E. P. Ballantine and Dr. Inez A. Bentley, of Rochester; Dr. Isham Harris, of Poughkeepsie; Fred D. Manro, Esq., of Utica; Dr. E. A. Scofield, of Jamestown; Dr. Ellis W. Storms, Cherry Creek, N. Y.; Dr. Chas. L. Randall, Franklinville, N. Y.; Dr. G. H. Kirby and Dr. C. B. Dunlap, of the Pathological Institute, New York City; Dr. Chester Carlisle and Dr. Charlotte McArthur, of Willard, N. Y.; Dr. Geo. Torney and Dr. Julius Haight of Utica, N. Y.; Dr. James O'Neil, Ogdensburg, N. Y.; Dr. William T. Shanahan and Dr. G. Kirby Collier, of Sonyea, N. Y.; Dr. A. W. Hurd, Buffalo, N. Y., and Drs. Arthur M. Phillips and Herbert C. Wooley.

ACKNOWLEDGMENTS

I wish to commend my staff and steward for the faithful performance of their duties. I also wish to express thanks to the Board of Managers for their many words of advice and encouragement throughout the year, and to the State Commission in Lunacy for their liberal appropriations. I also wish to return grateful thanks on the part of the patients to those who have contributed magazines, papers and flowers to the wards of the hospital, and to the Grape Belt, Buffalo Times, Ellicottville Post, Jamestown Journal, Erie County Independent, Cattaraugus Republican and Buffalo News for their papers weekly sent to the hospital.

Respectfully submitted,

DANIEL H. ARTHUR

Superintendent.

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REPORT OF STEWARD

To Dr. D. H. Arthur, Superintendent:

I beg to submit the following report of farm and industrial departments for the year ending September 30, 1907:

All those in immediate charge of departments have apparently done their best to further the interests of the hospital, the only change being in head farmer. Considerable time was spent by mechanics on special work, namely, new cow barn and new employes' dining-room.

E. R. QUACKENBUSH

Steward

FARM AND GROUNDS

We had a very cold and backward spring this year and after the crops were nicely started drouth interfered greatly with their growth. The large crop of potatoes consumed from stock on hand from last inventory, together with more team work done for the hospital, tended to make the profit more than formerly.

There was an average of twenty-three patients and ten employes engaged on the farm.

Debits

Inventory October 1, 1906.....	\$20,105 84
Interest, 6 per cent on both farm (\$33,500) and inventory	3,259 70
Account of wages, farm and grounds, as per Treasurer's report	4,382 15
Amount, account board employes.....	1,296 00
Amount, account board and labor, care of poultry..	306 77
Amount, account board of patients, and labor.....	4,219 12
Estimated value of garbage from hospital.....	450 00
Estimated value of water for stock.....	50 00
Expended for supplies, account of maintenance per Treasurer's report	5,347 68
Expended for supplies, account of special fund, as per Treasurer's report	511 28
Amount of profit	7,648 36

\$47,576 90

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Credits

Products, etc., used as per Appendix "A"	\$23,680 69
Labor as per Appendix "B"	2,541 24
Florist's wages, not a charge against farm	526 59
Amount of inventory Oct. 1, 1907, Appendix "C",	20,828 38
	\$47,576 90

APPENDIX "A"

Farm and garden products used by hospital:

Beef, cow, 5,623 pounds	\$0 065	\$365 40
Chicken, 602 $\frac{3}{4}$ pounds	12	72 33
Chicken, 27 pounds	15	4 05
Pork, 14,519 pounds	075	1,088 93
Veal, 1,024 pounds	08	81 92
Geese, 20 pounds	12	2 40
Eggs, 1,172 $\frac{1}{2}$ dozens	20	234 50
Milk, 203,535 quarts	03 $\frac{1}{4}$	6,614 89
Potatoes, 4,160 bushels	50	2,080 00
Asparagus, 513 bunches	07	35 91
Beets, 1,111 $\frac{1}{2}$ bushels	30	333 45
Beet greens, 110 bushels	25	29 75
Beans, Lima, 23 $\frac{1}{2}$ bushels	75	17 63
Beans, string, 172 bushels	50	86 00
Brussel sprouts, 11 bushels	75	8 25
Cucumbers, 68 bushels	50	34 00
Corn, sweet, 56,576 ears, per hundred....	75	424 32
Cabbage, 122,623 pounds, per hundred....	50	613 12
Celery, 3,751 heads	03	112 53
Cauliflower, 1,950 heads	06	117 00
Chard, swiss, 120 bushels	20	24 00
Carrots, 364 $\frac{3}{4}$ bushels	30	109 43
Dill, 5 bushels	40	2 00
Egg plant, 2,254 pounds	03	67 62
Horse radish, 16 bushels	50	8 00
Kale, 138 bushels	50	69 00
Lettuce, 902 bushels	40	360 80
Onions, 894 bushels	60	536 40
Onions, green, 43,024 bunches	02	860 48
Okra, 1 bushel		75

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Parsley, 1,034 bunches.....	\$0 03	\$31 02
Peppers, red, 550 dozens	03	16 50
Parsnips, 902 bushels	40	360 80
Peas, green, 145 bushels	75	108 75
Pumpkin, 17,230 pounds, per ton.....	5 00	43 08
Pickles, cucumber, 25,169, per hundred..	75	188 76
Radishes, 63,469 bunches	04	2,538 68
Radishes, 6 bushels	75	4 50
Rhubarb, 2,799 bunches	05	139 95
Squash, 17,311 pounds	01	173 11
Salsify, 227 bushels	50	113 50
Spinach, 267 bushels	25	66 75
Tomatoes, ripe, 664 bushels	40	265 60
Turnips, 1,086½ bushels	25	271 63
Apples, eating, 996 bushels	50	498 00
Apples, cider, 195 bushels	25	48 75
Cherries, 164 quarts	06	9 84
Currants, 1,030 quarts	06	61 80
Plums, ½ bushel	75	37
Raspberries, red, 136 quarts	08	10 88
Strawberries, 6,755 quarts	08	540 40
Hay, mixed, 172,732 pounds, per ton....	9 00	777 29
Oats, 2,665 11/16 bushels	36	959 65
Straw, 76,333 pounds, per ton	6 00	228 99
Corn fodder, green, 65,100 pounds, per ton,	3 00	97 65
Ensilage, 798,192 pounds, per ton.....	3 50	1,396 84
Oats and peas, green, 47,520 pounds.....	3 00	71 28
Beans, dry, 26 bushels	2 00	52 00
Tobacco, 70 pounds	12	8 40
Stove wood, 12 cords	2 00	24 00
Shavings, 1 load	...	50
Manure (not farm use), 15 loads.....	50	7 50
Cowhides (exch. for beef), 1,412 pounds,	...	169 06
Total		<u>\$23,680 69</u>

APPENDIX "B"

INVENTORY

Live stock:

Horses, farm, 11.....	\$1,650 00
Horses, dray, 2.....	300 00

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Horses, carriage, 3.....	\$450 00
Colts, 2	200 00
Cows, milch, 60	2,400 00
Cows, springers, 9.....	270 00
Heifers, 10	200 00
Yearling heifers, 21.....	315 00
Calves, heifer, 14.....	140 00
Calves, steer, 4.....	40 00
Calf, bull, 1.....	15 00
Bulls, 2	45 00
Sheep, 6	36 00
Brood sows, 17.....	255 00
Shoats, 54	540 00
Fat hogs, 48.....	960 00
Pigs, 90	270 00
Boar, 1	15 00
Hens, 122	61 00
Roosters, 4	2 00
Chickens, 440	132 00
Ducks, 2	1 00
Geese, 9	6 30

Farm and garden products:

Hay, timothy, 50 tons.....	600 00
Hay, mixed, 140 tons.....	1,260 00
Bran, 2 tons.....	48 00
Oats, 2,300 bushels	828 00
Oil meal, 1,200 pounds.....	18 00
Gluten, 1,800 pounds	27 00
Cornmeal, 500 pounds.....	7 00
Hominy, 500 pounds.....	7 00
Ensilage, 600 tons.....	2,100 00
Corn in ear, 500 bushels.....	250 00
Cornstalks, 40 tons.....	120 00
Carrots, 880 bushels.....	264 00
Beets, 875 bushels.....	262 50
Egg plant, 528 pounds.....	15 84
Pumpkin, 3,600 pounds.....	9 00
Rutabagas, 660 bushels.....	165 00
Squash, 2,900 pounds.....	29 00
Parsnips, 285 bushels.....	114 00

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Salsify, 200 bushels.....	\$100 00
Parsley, 700 bunches	21 00
Celery, 2,600 heads.....	78 00
Brussel sprouts, 3 bushels.....	2 25
Cabbage, 50,000 pounds.....	250 00
Kale, 134 bushels.....	67 00
Potatoes, 3,200 bushels.....	1,600 00
Cauliflower, 900 heads.....	54 00
Onions, 900 bushels.....	540 00
Apples, eating, 650 bushels.....	325 00
Apples, cider, 150 bushels.....	37 50
Straw, 65 tons.....	390 00
Tobacco, 1,500 pounds.....	300 00
Dill, 100 bunches.....	3 00
Farm and garden implements, etc.....	2,632 99
Total	\$20,828 38

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TABLE No. 1

Showing movement of population for year ending September 30, 1907

	Men	Women	Total
Remaining October 1, 1906	415	402	817
Admitted during year ending September 30, 1907	180	71	251
On original commitments:			
From residences	129	70	199
By transfers from county houses . . . . .	.....	1	1
By transfers from other institutions for insane	51	.....	51
Total number under treatment during year	595	473	1,068
Daily average population	488.21	414.59	902.80
Capacity of institution	517	395	912
Discharged during year:			
As recovered	41	19	60
As improved	15	9	24
As unimproved	16	9	25
As not insane	1	.....	1
Died	33	21	54
Whole number discharged during year	106	58	164
Remaining October 1, 1907	489	415	904

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TABLE No. 2

October 1, 1906, to September 30, 1907

Date of opening, August 9, 1898.

Total acreage of grounds and buildings, 500 acres.

Value of real estate, including buildings, \$998,082.02.

Value of personal property, \$93,958.90.

Acreage under cultivation (cultivated 224, grounds and drives 80), 304 acres.

Receipts during year, maintenance fund:

Balance on hand October 1, 1906.....	\$7,206 17
From State Treasury for maintenance on estimates, 1 to 12 inclusive	158,379 49
From private patients	238 56
From reimbursing patients	9,588 10
From all other sources	79 38

Total receipts for maintenance.....	175,491 70
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Total receipts from State Commission in Lunacy for extraordinary improvements	\$37,078 17
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Disbursements during year for maintenance:

Estimate No. 1.	For officers' salaries	\$13,833 82
Estimate No. 2.	For wages	61,587 61
Estimate No. 3.	For provisions and stores....	41,750 84
Estimate No. 4.	For ordinary repairs.....	3,025 43
Estimate No. 5.	For farm and grounds.....	5,997 55
Estimate No. 6.	For clothing of patients....	3,814 52
Estimate No. 7.	For furniture and bedding...	2,777 51
Estimate No. 8.	For books and stationery....	1,432 12
Estimate No. 9.	For fuel and light.....	21,396 02
Estimate No. 10.	For medical supplies.....	872 89
Estimate No. 11.	For miscellaneous expenses..	7,583 37
Estimate No. 12.	For transportation	1,571 74

Total disbursements, estimates 1 to 12 inclusive	\$165,643 42
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TABLE No. 2 — (Concluded)

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$37,078 17
Total disbursements during year, remitted to State Treasurer	9,848 28
Balance October 1, 1907:	
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.5187
Maximum rate of wages paid attendants:	
Men	\$40 00
Women	31 75
Minimum rate of wages paid attendants:	
Men	\$22 00
Women	16 00
Proportion of day attendants to average daily population	1 to 10.5
Proportion of night attendants to average daily population	1 to 53.1
Percentage of daily patient population engaged in some kind of useful occupation	.457
Estimated value of farm and garden products during year	\$23,660 27
Estimated value of articles made or manufactured by patients during year	3,150 00

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 3

Showing the assigned causes of insanity in cases admitted during the current year

CAUSES	YEAR ENDING SEPTEMBER 30, 1907			INHERITED PREDISPOSITION		
	Men	Women	Total	Men	Women	Total
Moral:						
Adverse conditions (such as loss of friends, business troubles, etc).....	3	8	11	1	2	3
Mental strain worry and overwork (not included in above).....	3	5	8	.....	2	2
Religious excitement.....	2	.....	2	.....	.....	.....
Fright and nervous shock..	1	.....	1	.....	.....	.....
Physical:						
Intemperance.....	44	6	50	9	2	11
Sexual excess.....	2	2	4	.....	1	1
Venereal diseases.....	6	4	10	.....	.....	.....
Masturbation.....	5	.....	5	2	.....	2
Sunstroke.....	2	.....	2	.....	.....	.....
Accident or injury.....	7	1	8	1	.....	1
Parturition and puerperium.....	.....	3	3	.....	1	1
Change of life.....	.....	3	3	.....	.....	.....
Privation and overwork...	3	3	6	.....	1	1
Epilepsy.....	10	4	14	1	1	2
Diseases of skull and brain.	2	.....	2	1	.....	1
Old age.....	6	10	16	.....	2	2
Exophthalmic goitre.....	.....	1	1	.....	.....	.....
Abuse of drugs.....	3	1	4	.....	.....	.....
Loss of special sense.....	1	1	2	.....	.....	.....
All other bodily disorders and ill health.....	8	8	16	4	4	8
Hereditary.....	5	4	9	.....	.....	.....
Congenital defect.....	12	2	14	12	2	14
Unascertained.....	53	5	58	4	3	7
Not insane.....	2	.....	2	.....	.....	.....
Total.....	180	71	251	35	21	56

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 4

Showing forms of insanity in patients admitted, recovered and died during the year ending September 30, 1907, and since October 1, 1904

FORM	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1904		
	Ad- mitted	Re- covered	Died	Ad- mitted	Re- covered	Died
Alcoholic insanity.....	5	4	.....	16	14	1
General paralysis.....	11	.....	6	14	.....	9
Senile insanity.....	24	.....	26	37	.....	42
Epilepsy with insanity..	12	1	.....	18	2	.....
Imbecility, idiocy with insanity.....	3	1	.....	4	1	.....
Other psychoses.....	194	54	21	331	113	38
*Not insane.....	2	.....	1	3	.....	1
Total.....	251	60	54	423	130	91

*Includes cases of alcoholism, drug habit, etc.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 6

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907				SINCE OCTOBER 1, 1888				
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT	
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	23	11	34	4	.....	4	72	53	125
One to three months.....	5	2	7	5	2	7	40	30	70
Three to six months.....	3	2	5	18	4	22	18	16	34
Six to nine months.....	.....	2	2	7	4	11	14	14	28
Nine months to one year.....	1	.....	1	.....	3	3	4	3	7
One year to eighteen months.....	.....	.....	.....	5	1	6	8	6	14
Eighteen months to two years.....	1	1	2	.....	.....	.....	3	2	5
Two to three years.....	3	.....	3	.....	3	3	8	6	14
Three to four years.....	.....	.....	.....	.....	1	1	6	1	7
Four to five years.....	.....	1	1	2	.....	2	1	5	6
Five to ten years.....	2	.....	2	.....	1	1	6	3	9
Ten to twenty years.....	3	.....	3	.....	.....	.....	3	.....	3
Unascertained.....	.....	.....	.....	.....	.....	.....	11	8	19
Total.....	41	19	60	41	19	60	194	147	341

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 7

Showing the causes of death of patients who died during the current year
and since October 1, 1888

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Specific infectious diseases:						
Erysipelas	1	.....	1	1	.....	1
Septicemia and pyemia	2	.....	2	2	.....	2
Tuberculosis	2	1	3	10	10	20
Diseases of the digestive system:						
Diseases of the stomach				3	.....	3
Diseases of the intestines	1	5	6	5	8	13
Diseases of the liver		1	1	.....	1	1
Diseases of the peritoneum				7	3	10
Diseases of the respiratory system:						
Diseases of the bronchi					2	2
Diseases of the lungs	8	7	15	21	21	42
Diseases of the circulatory system:						
Diseases of the heart	5	2	7	21	14	35
Arterio-sclerosis	1	.....	1	2	.....	2
Diseases of the blood and ductless glands:						
Anemia, pernicious anemia and leukemia					1	1
Diseases of the genitourinary system	1	.....	1	6	5	11
Diseases of the nervous system:						
Diseases of the meninges				3	.....	3
Organic diseases of the brain (tumor, abscess, embolism, thrombosis, hemorrhage and other gross lesions)	2	.....	2	11	11	22

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 7 — (Concluded)

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Functional nervous diseases (paralysis agitans, chorea, eclampsia, hysteria, neurasthenia).....	1	.....	1	2	.....	2
Epilepsy.....	.....	.....	.....	1	.....	1
Mental diseases:						
Exhaustion of acute mental disease.....	.....	.....	.....	26	20	46
Exhaustion of chronic mental disease.....	4	2	6	39	19	58
General paralysis of the insane.....	5	.....	5	8	.....	8
Suicide.....	.....	2	2	1	2	3
Malignant new growths or cancer.....	.....	1	1	.....	3	3
Total.....	33	21	54	169	120	289

TABLE No. 8

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Paternal branch.....	6	3	9	52	50	102
Maternal branch.....	8	8	16	54	68	122
Paternal and maternal branches.....	.....	3	3	10	10	20
Collateral branches.....	7	3	10	71	90	161
No hereditary tendency...	88	50	138	390	363	753
Unascertained.....	71	4	75	401	226	627
Total.....	180	71	251	978	807	1,785

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 9

Showing civil condition of patients admitted during the current year and since October 1, 1888

CIVIL CONDITION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Single.....	105	14	119	513	281	794
Married.....	54	41	95	342	357	699
Widowed.....	15	15	30	81	153	234
Divorced.....		1	1	8	10	18
Unascertained.....	6		6	34	6	40
Total.....	180	71	251	978	807	1,785

TABLE No. 10

Showing degree of education of patients admitted during the current year and since October 1, 1888

DEGREE OF EDUCATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Collegiate.....		1	1	24	9	33
Academic.....	4	1	5	25	38	63
Common school.....	133	65	198	661	539	1,200
Read and write.....	26		26	44	21	65
Read only.....				22	18	40
No education.....	7	3	10	32	24	56
Unascertained.....	10	1	11	170	158	328
Total.....	180	71	251	978	807	1,785

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 11

Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888

	YEAR ENDING SEPTEMBER 30, 1907						SINCE OCTOBER 1, 1888					
	DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT			DURATION PREVIOUS TO ADMISSION			PERIOD UNDER TREATMENT		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	6	5	11			8	15	11	26	17	9	26
One to three months.....	5	1	6		2	8	10	7	17	19	13	32
Three to six months.....	2		2		4	8	11	2	13	11	8	19
Six to nine months.....		1	1		1	4	12	4	16	16	6	22
Nine months to one year.....	4	1	5				11	2	13	8	8	16
One year to eighteen months.....		1	1				7	8	15	24	12	36
Eighteen months to two years.	1	1	2		1	1	3	2	5	8	8	16
Two to three years.....		1	1		5	7	14	11	25	24	19	43
Three to four years.....	3		3		4	11	10	7	17	17	17	34
Four to six years.....	3	2	5		1	4	17	9	26	10	14	24
Six to ten years.....	3	2	5		2	4	17	11	28	12	6	18
Ten to twenty years.....	4	3	7				23	23	46	1		1
Twenty years and over.....		1	1				6	9	15	1		1
*Not insane.....	1		1		1	1	4		4	1		1
Unascertained.....	1	2	3				9	14	23			
Total.....	33	21	54	33	21	54	169	120	289	169	120	289
Average duration of insane life (years and tenths).				5.8	5.5	5.65				7.2	8.4	7.8

* Includes cases of alcoholism, drug habit, etc.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 12

Showing the ages of those admitted during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....	1	.....	1	2	1	3
From 15 to 20 years.....	5	1	6	30	21	51
From 20 to 25 years.....	20	5	25	73	41	114
From 25 to 30 years.....	26	7	33	96	52	148
From 30 to 35 years.....	24	7	31	92	73	165
From 35 to 40 years.....	23	7	30	118	95	213
From 40 to 50 years.....	39	18	57	236	198	434
From 50 to 60 years.....	23	10	33	159	154	313
From 60 to 70 years.....	10	8	18	99	116	215
From 70 to 80 years.....	8	3	11	52	43	95
From 80 to 90 years.....	1	5	6	16	13	29
Unascertained.....	.....	.....	.....	5	.....	5
Total.....	180	71	251	978	807	1,785

TABLE No. 13

Showing ages of those discharged recovered during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 20 years.....	1	.....	1	11	5	16
From 20 to 30 years.....	12	5	17	53	34	87
From 30 to 40 years.....	10	9	19	41	44	85
From 40 to 50 years.....	10	3	13	54	36	90
From 50 to 60 years.....	6	1	7	25	17	42
From 60 to 70 years.....	2	1	3	9	10	19
From 70 to 80 years.....	.....	.....	.....	1	1	2
Total.....	41	19	60	194	147	341

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 14

Showing ages of patients who died during the current year and since October 1, 1888

AGE	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
From 10 to 15 years.....					1	1
From 15 to 20 years.....					1	1
From 20 to 25 years.....	1		1	2	1	3
From 25 to 30 years.....	2		2	2		2
From 30 to 35 years.....	3	2	5	11	6	17
From 35 to 40 years.....	1		1	14	11	25
From 40 to 50 years.....	5	3	8	31	17	48
From 50 to 60 years.....	4	2	6	26	24	50
From 60 to 70 years.....	5	6	11	40	25	65
From 70 to 80 years.....	7	4	11	29	23	52
From 80 to 90 years.....	4	4	8	11	10	21
Over 90 years.....	1		1	3	1	4
Total.....	33	21	54	169	120	289

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 15

Showing alleged duration of insanity previous to admission of patients
admitted during the year ending September 30, 1907

DURATION OF INSANITY	Men	Women	Total
Under one month.....	43	16	59
One to three months.....	19	8	27
Three to six months.....	15	11	26
Six to nine months.....	4	5	9
Nine months to one year.....	12	4	16
One year to eighteen months.....	2	4	6
Eighteen months to two years.....	18	6	24
Two to three years.....	16	4	20
Three to four years.....	5	5	10
Four to five years.....	4	1	5
Five to ten years.....	14	2	16
Ten to fifteen years.....	2	2	4
Fifteen to twenty years.....	5	2	7
Twenty to thirty years.....	5	.....	5
Thirty years and upwards.....	2	.....	2
*Not insane.....	1	.....	1
Unascertained.....	13	1	14
Total.....	180	71	251

*Includes cases of alcoholism, morphia habit, etc.

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 16

Showing period of residence in asylum of patients remaining under treatment
September 30, 1907

PERIOD OF RESIDENCE	Men	Women	Total
Under one month.....	13	5	18
One to three months.....	10	13	23
Three to six months.....	28	16	44
Six to nine months.....	13	11	24
Nine months to one year.....	51	7	58
One year to eighteen months.....	24	22	46
Eighteen months to two years.....	15	30	45
Two to three years.....	28	28	56
Three to four years.....	34	34	68
Four to five years.....	151	112	263
Five to ten years.....	122	137	259
Total.....	489	415	904

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 17

Showing the occupation of those admitted during the current year and since October 1, 1888

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Professional:						
Clergy, military and naval officers, lawyers, physicians, architects, artists, authors, civil engineers, surveyors, etc.....	2	.....	2	21	4	25
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeep- ers, shopmen, stenog- raphers, typewriters, etc.....	14	.....	14	102	2	104
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.	29	.....	29	200	.....	200
Mechanics, at outdoor vo- cations:						
Blacksmiths, carpenters, engine-fitters, saw- yers, painters, police, etc.....	16	.....	16	138	.....	138
Mechanics, etc., at seden- tary vocations:						
Bootmakers, bookbind- ers, compositors, tail- ors, weavers, bakers, etc.....	25	.....	25	79	3	82
Domestic service:						
Waiters, cooks, servants, etc.	11	5	16	14	179	193
Educational and higher domestic duties:						
Governesses, teachers, students, housekeep- ers, nurses, etc.....	1	61	62	7	513	520

GOWANDA STATE HOMEOPATHIC HOSPITAL—ANNUAL REPORT

TABLE No. 17 — (Concluded)

OCCUPATION	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
Commercial:						
Shopkeepers, sales-						
women, stenograph-						
ers, typewriters, etc...				1	2	3
Employed in sedentary oc-						
cupation:						
Tailoresses, seams-						
tresses, bookbinders,						
factory workers, etc.	5	3	8	12	38	50
Miners, seamen, etc.....	2	.....	2	8	.....	8
Prostitutes.....	.....	1	1	.....	2	2
Laborers.....	60	.....	60	316	.....	316
No occupation.....	10	1	11	54	48	102
Unascertained.....	5	.....	5	26	16	42
Total.....	180	71	251	978	807	1,785

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 18

Showing the nativity of patients admitted during the current year and since October 1, 1888

NATIVITY	YEAR ENDING SEPTEMBER 30, 1907			SINCE OCTOBER 1, 1888		
	Men	Women	Total	Men	Women	Total
United States.....	109	47	156	615	513	1,128
Scotland.....	1	.....	1	2	2	4
Bohemia.....	.....	.....	.....	2	.....	2
Holland.....	1	.....	1	4	2	6
Germany.....	12	9	21	72	61	133
Poland.....	6	1	7	23	10	33
Ireland.....	9	3	12	71	67	138
Switzerland.....	1	2	3	4	6	10
England.....	3	4	7	28	23	51
Norway.....	.....	.....	.....	1	3	4
Italy.....	11	.....	11	18	3	21
Denmark.....	.....	1	1	1	3	4
Sweden.....	4	1	5	47	42	89
Canada.....	3	3	6	19	22	41
Russia.....	5	.....	5	8	3	11
Nova Scotia.....	.....	.....	.....	.....	1	1
Austria.....	4	.....	4	10	.....	10
Hungary.....	.....	.....	.....	4	1	5
France.....	2	.....	2	4	2	6
Wales.....	.....	.....	.....	1	1	2
Prince Edward Island.....	.....	.....	.....	1	.....	1
Barbadoes.....	.....	.....	.....	2	.....	2
Portugal.....	1	.....	1	1	.....	1
Greece.....	1	.....	1	1	.....	1
Prussia.....	1	.....	1	1	.....	1
Spain.....	1	.....	1	1	.....	1
Belgium.....	1	.....	1	1	.....	1
Turkey.....	1	.....	1	1	.....	1
Finland.....	1	.....	1	1	.....	1
Unascertained.....	2	.....	2	34	42	76
Total.....	180	71	251	978	807	1,785

Of the total number admitted since the first of October, 1888, the parents of .3507 per cent were both of foreign birth.

In .03529 per cent the parentage on the paternal side was foreign while that on the maternal side was native.

In .01008 per cent the parentage on the maternal side was foreign while that on the paternal side was native.

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 19

Showing the residence by counties and classification of patients admitted
during the year ending September 30, 1907

COUNTIES	Public	Private	Total
Albany.....			
Allegany.....	1		1
Broome.....	1		1
Cattaraugus.....	37		37
Cayuga.....			
Chautauqua.....	64		64
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	67		67
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....			
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....	1		1
Madison.....			
Monroe.....	1		1
Montgomery.....			
Nassau.....			
New York.....	50		50
Niagara.....			
Oneida.....			
Onondaga.....	1		1
Ontario.....			
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 19 — (Concluded)

COUNTIES	Public	Private	Total
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....			
Rockland.....			
St. Lawrence.....	1		1
Saratoga.....			
Schenectady.....			
Schoharie.....			
Schuyler.....			
Seneca.....			
Steuben.....	1		1
Suffolk.....			
Sullivan.....			
Tioga.....			
Tompkins.....			
Ulster.....			
Warren.....			
Washington.....			
Wayne.....			
Westchester.....			
Wyoming.....	17		17
Yates.....			
From other states.....	6		6
From Canada.....	2		2
Unascertained.....	1		1
Total.....	251		251

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 20

Showing the residence by counties and classification of patients remaining under treatment September 30, 1907

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Albany.....	8	3	11			
Allegany.....		1	1			
Broome.....	1		1			
Cattaraugus.....	63	85	148		1	1
Cayuga.....						
Chautauqua.....	126	132	258			
Chemung.....	2		2			
Chenango.....						
Clinton.....						
Columbia.....						
Cortland.....						
Delaware.....						
Dutchess.....	3		3			
Erie.....	99	97	196			
Essex.....						
Franklin.....						
Fulton.....	2		2			
Genesee.....	1	3	4			
Greene.....						
Hamilton.....						
Herkimer.....	2	1	3			
Jefferson.....						
Kings.....						
Lewis.....		1	1			
Livingston.....	2	1	3			
Madison.....	1	1	2			
Monroe.....	10	2	12			
Montgomery.....	4	6	10			
New York.....	73	12	85			
Niagara.....	2	4	6			
Oneida.....	12	16	28			
Onondaga.....	6	1	7			
Ontario.....						
Orange.....		3	3			
Orleans.....						
Oswego.....						
Otsego.....						
Putnam.....	1		1			

GOWANDA STATE HOMEOPATHIC HOSPITAL — ANNUAL REPORT

TABLE No. 20 — (Concluded)

COUNTIES	PUBLIC			PRIVATE		
	Men	Women	Total	Men	Women	Total
Queens	3	1	4			
Rensselaer	5	4	9			
Richmond						
Rockland						
St. Lawrence		1	1			
Saratoga	2	6	8			
Schenectady	6	1	7			
Schoharie						
Schuyler						
Seneca	2		2			
Steuben	2		2			
Suffolk	1	2	3			
Sullivan		2	2			
Tioga						
Tompkins						
Ulster	2		2			
Warren		2	2			
Washington						
Wayne		1	1			
Westchester	2		2			
Wyoming	31	25	56			
Yates						
Other states	1		1			
Unascertained	14		14			
Total	489	414	903		1	1

FIFTEENTH ANNUAL REPORT
OF THE
State Charities Aid Association
TO THE
STATE COMMISSION IN LUNACY
NOVEMBER 1, 1907.

STATE CHARITIES AID ASSOCIATION

UNITED CHARITIES BUILDING
105 East 22d Street, New York City

OFFICERS — 1907-1908

MR. JOSEPH H. CHOATE.....	President
MRS. WILLIAM B. RICE.....	Vice-President
MR. GEORGE F. CANFIELD.....	Vice-President
MISS LOUISA LEE SCHUYLER.....	Vice-President
MR. EDWARD W. SHELDON.....	Treasurer
MRS. HENRY OOTHOUT.....	Librarian
MR. HOMER FOLKS.....	Secretary
MISS MARY VIDA CLARK.....	Assistant Secretary

MANAGERS

Term Expires 1908

DR. CHARLES HITCHCOCK	MR. JOHN A. McKIM
MR. FRANCIS C. HUNTINGTON	MISS RUTH MORGAN
MR. CHARLES H. MARSHALL	MRS. HENRY OOTHOUT
MRS. WILLIAM B. RICE	

Term Expires 1909

MR. EUGENE PHILBIN	MR. P. TECUMSEH SHERMAN
MR. EDWARD W. SHELDON	MR. FELIX M. WARBURG
MISS LOUISA LEE SCHUYLER	MRS. MARY HATCH WILLARD

Term Expires 1910

MRS. TUNIS G. BERGEN	MR. GEORGE F. CANFIELD
MISS M. KATE BRICE	MR. JOSEPH H. CHOATE
MISS HELEN C. BUTLER	MRS. WM. KINNICUTT DRAPER
MR. CHARLES S. FAIRCHILD	

COMMITTEE ON THE INSANE

MR. GEORGE F. CANFIELD, *Chairman*

MISS MARY VIDA CLARK, *Secretary*

DR. CHARLES L. DANA	MR. FRANCIS C. HUNTINGTON
MR. CHARLES S. FAIRCHILD	MR. WILLIAM CHURCH OSBORN
MR. HOMER FOLKS	DR. FREDERICK PETERSON
DR. CHARLES HITCHCOCK	MISS LOUISA LEE SCHUYLER

STATE CHARITIES AID ASSOCIATION—ANNUAL REPORT

SUB-COMMITTEE ON AFTER-CARE OF THE INSANE

MISS LOUISA LEE SCHUYLER, *Chairman*MISS MARY VIDA CLARK, *Secretary*

MISS FLORENCE M. RHETT

MRS. HERBERT L. SATTERLEE

MRS. JAMES ROOSEVELT

MRS. FRANK SULLIVAN SMITH

MISS E. H. HORTON, *After-Care Agent*

Room 702, 105 East 22d Street, New York

STATE HOSPITAL AFTER-CARE COMMITTEES

Manhattan and Central Islip After-Care Committee

*Appointed for Manhattan, February 15th, 1906**Appointed for Central Islip, February 5th, 1907*MISS FLORENCE M. RHETT, *Chairman*, 122 East 34th street, New YorkMRS. ALBERT H. HARRIS, *Secretary*, 131 Central Park West, New York

FOR MANHATTAN STATE HOSPITAL

MRS. HERBERT L. SATTERLEE, 37 East 36th street, New York

MISS SHIPPEN, 320 Lexington avenue, New York

FOR CENTRAL ISLIP STATE HOSPITAL

MRS. W. MAYO DUDLEY, 550 Park avenue, New York

MRS. JOHN C. O'CONOR, 24 East 33d street, New York

Ex-Officio Members

FOR MANHATTAN STATE HOSPITAL

MRS. HARRISON KERR BIRD, 24 West 40th street	} <i>Managers</i>
MRS. FRANCIS P. KINNICUTT, 39 East 35th street	

DR. WILLIAM MABON, *Superintendent*, Manhattan State Hospital, New York

FOR CENTRAL ISLIP STATE HOSPITAL

MRS. AUGUSTUS FLOYD, Mastic	} <i>Managers</i>
MR. H. H. HOLLISTER, Islip	
MRS. WILLIAM ROBISON, Massapequa	

DR. GEORGE A. SMITH, *Superintendent*, Central Islip State Hospital, Central Islip.

STATE CHARITIES AID ASSOCIATION — ANNUAL REPORT

Willard After-Care Committee

*Appointed April 10th, 1906*MRS. W. W. HOPKINS, *Chairman*, GenevaMRS. H. A. PORTER, *Secretary*, Ovid

MRS. H. K. ARMSTRONG, Penn Yan

MRS. JOHN DAVENPORT, Bath

REV. J. W. JACKS, D. D., Geneva

MRS. GEORGE MAGEE, Watkins

MRS. PHOEBE A. VARY, Newark

Ex-Officio Members

MRS. MILO M. ACKER, Hornell

MR. FRED J. MANRO, Auburn

MRS. EDWIN C. STEWART, Ithaca

} *Managers*DR. R. M. ELLIOTT, *Superintendent*, Willard State Hospital, Willard

Hudson River After-Care Committee

*Appointed May 22nd, 1906*MRS. JAMES ROOSEVELT, *Chairman*, Hyde ParkMISS E. D. BININGER, *Secretary*, New Hamburg

DR. ISHAM G. HARRIS, Poughkeepsie

MRS. THOMAS H. HOWARD, Hyde Park

MISS GEORGINA A. JACKSON, Catskill

MRS. JAMES D. KEITH, Poughkeepsie

MR. LEWIS R. PARKER, Albany

MRS. BENJAMIN WEY, Catskill

Ex-Officio Members

MISS MYRA H. AVERY, Poughkeepsie

MISS CATHERINE A. NEWBOLD, Poughkeepsie

DR. WILLIAM B. GRANGER, Bronxville

} *Managers*DR. CHARLES W. PILGRIM, *Superintendent*, Hudson River State Hospital,
Poughkeepsie.

Binghamton After-Care Committee

*Appointed November 8th, 1906*MR. CHARLES E. LEE, *Chairman*, BinghamtonMISS CLARA A. HOLMES, *Secretary*, Binghamton

MISS ANNA B. PRATT, Elmira

MR. FREDERIC HASKINS, Binghamton

Ex-Officio Members

MRS. HENRY OLIVER ELY, Binghamton

MR. JERVIS LANGDON, Elmira

} *Managers*DR. CHARLES G. WAGNER, *Superintendent*, Binghamton State Hospital,
Binghamton.

STATE CHARITIES AID ASSOCIATION — ANNUAL REPORT

VISITORS OF THE STATE CHARITIES AID ASSOCIATION TO STATE
HOSPITALS FOR THE INSANE

Willard State Hospital

MR. A. B. HOUGHTON, Corning
MR. MARVIN OLCOTT, Corning
MR. JOHN H. OSBORNE, Auburn
MRS. ARTHUR E. VALOIS, Valois-on-Seneca.

Hudson River State Hospital

MISS E. D. BININGER, New Hamburg
MR. FRANK B. LOWN, Poughkeepsie
MR. LEWIS R. PARKER, 25 North Pearl street, Albany

Middletown State Homeopathic Hospital

MR. D. C. McMONAGLE, Middletown
MR. H. W. MUNROE, Tuxedo
MRS. H. W. MUNROE, Tuxedo
MR. PAUL TUCKERMAN, Tuxedo
MRS. PAUL TUCKERMAN, Tuxedo
MR. H. K. WILCOX, Middletown

Buffalo State Hospital

MRS. BERNARD BARTOW, 481 Delaware avenue, Buffalo
DR. CHARLES SUMNER JONES, 697 Delaware avenue, Buffalo
MISS ADA M. KENYON, The Buckingham, Allen and Mariner streets, Buffalo
HON. GEORGE A. LEWIS, 258 Elmwood avenue, Buffalo
MRS. J. J. McWILLIAMS, 277 Linwood avenue, Buffalo

Binghamton State Hospital

MR. FRED H. HASKINS, Binghamton
MISS CLARA A. HOLMES, Doubleday Building, Binghamton
MR. CHARLES E. LEE, Front street, Binghamton

St. Lawrence State Hospital

CAPTAIN FRANK CHAPMAN, Ogdensburg
MR. ANDREW IRVING, Ogdensburg
MRS. ANDREW IRVING, Ogdensburg.
MR. GEORGE W. KNOWLTON, Watertown
MRS. GEORGE W. KNOWLTON, Watertown

STATE CHARITIES AID ASSOCIATION — ANNUAL REPORT**Rochester State Hospital**

PROF. SAMUEL A. LATTIMORE, 595 University avenue, Rochester

MRS. JOHN S. MORGAN, 12 Arnold place, Rochester

MRS. DANIEL B. MURPHY, 541 University avenue, Rochester

Long Island State Hospital

MRS. ARNOLD G. DANA, 140 Columbia Heights, Brooklyn

MR. ALBRO J. NEWTON, 140 Columbia Heights, Brooklyn

Kings Park State Hospital

REV. JOHN C. YORK, Huntington, Long Island

Manhattan State Hospital

MRS. ALBERT H. HARRIS, 135 Central Park West, New York

MISS ALICE PINE, 45 Fifth avenue, New York

MISS FLORENCE M. RHETT, 122 East 34th street, New York

MRS. HERBERT LIVINGSTON SATTERLEE, 37 East 36th street, New York

MISS SHIPPEN, 320 Lexington avenue, New York

Central Islip State Hospital

MRS. W. MAYO DUDLEY, 550 Park avenue, New York

MRS. JOHN C. O'CONOR, 24 East 33d street, New York

REV. JOHN H. PRESCOTT, Sayville, Long Island

MR. JOHN H. VAIL, Islip, Long Island

Gowanda State Homeopathic Hospital

MRS. WILLIAM BOOKSTAYER, Dunkirk

MR. FREDERICK P. HALL, Jamestown

MRS. GEORGE W. PATTERSON, Westfield

HON. W. E. WHEELER, Portville

STATE CHARITIES AID ASSOCIATION — ANNUAL REPORT

CENSUS OF STATE HOSPITALS AND LICENSED PRIVATE ASYLUMS
FOR THE INSANE, OCTOBER 1, 1907

Utica	1,224
Willard	2,305
Hudson River	2,385
Middletown	1,331
Buffalo	1,875
Binghamton	1,591
St. Lawrence	1,835
Rochester	1,324
Long Island	716
Kings Park	3,207
Manhattan	4,493
Central Islip	3,912
Gowanda	904
	27,102
Matteawan and Dannemora (Criminal insane).....	1,014
22 Licensed Private Asylums.....	977
Total	29,093

CENSUS OF INSTITUTIONS FOR THE INSANE, OCTOBER 1, 1906

13 State Hospitals	26,357
2 State Hospitals for Criminal Insane.....	960
23 Licensed Private Asylums.....	985
Total	28,302

COMPARISON OF FIGURES FOR 1906 AND 1907

Increase in State Hospitals.....	745
Increase in State Hospitals for Criminal Insane.....	54
	799
Decrease in Licensed Private Asylums.....	8
Total increase	791

FIFTEENTH ANNUAL REPORT
OF THE
State Charities Aid Association
TO THE
State Commission in Lunacy

NEW YORK, *November 1, 1907.*

To the State Commission in Lunacy:

In accordance with chapter 635 of the Laws of 1893, and amendatory acts, the State Charities Aid Association herewith respectfully submits to your Honorable Commission its fifteenth annual report. The report contains, as usual, much matter which is not new to those to whom it is addressed, but which it seems to us desirable to include for the benefit of the larger number of readers who are not familiar with these subjects.

The table on the opposite page shows the total number of insane persons in State Hospitals and licensed private asylums, on October 1, 1907, to have been 29,093, an increase of 791 over the previous year. Of this total number, 27,102 patients were in the thirteen State Hospitals (not including Matteawan and Danemora), being 745 more than on October 1, 1906.

The Association's legally appointed visitors to State Hospitals now number forty-five. They have continued to do admirable work during the past year and have presented interesting annual reports, which appear on pages 41 to 68 of this publication. We do not necessarily endorse every recommendation made by our visitors, but we believe that the Commission and the public should know how these institutions impress representative men and women in their localities. In addition to the visits by the local

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volunteer visitors, visits have been made by the Secretary of the Association to the Kings Park State Hospital, and by the Assistant Secretary to the Utica, Hudson River, Middletown, Buffalo, Binghamton, Rochester, Manhattan, Central Islip and Gowanda State Hospitals.

RECENT LEGISLATION

Except for the Appropriation and Supply bills, the only important measure affecting the insane enacted by the Legislature of 1907 was the act (chapter 524) authorizing the State Commission in Lunacy "to select lands for a site for a State Hospital for the insane at some place in the counties in the southeastern part of the State, in the vicinity of the city of New York." It is specified that the land selected should comprise not to exceed 1,000 acres. The Commission is required to report to the Legislature of 1908.

It is most gratifying that this step has at last been taken to meet the long standing and increasingly urgent need of additional accommodations for the insane, easily accessible from the metropolitan district. The need of another large hospital in the southeastern part of the State is obvious, when it is considered that New York city and Long Island furnish more than half the insane of the State, while only four of the thirteen State Hospitals are supposed to serve this section. At the present time, the counties in New York city and on Long Island supply over 2,000 more insane patients than can be accommodated by the four State Hospitals in this district, without exceeding their certified capacity. These patients are in part crowded into the institutions on Ward's Island and Long Island, and in part sent to other and distant State Hospitals.

It is earnestly to be hoped that the Commission will submit its selection of a site for the new institution early in the session of the Legislature of 1908, and that an appropriation for the purchase of land and the erection of buildings will be made promptly, and that actual construction will progress with the greatest possible expedition.

The Insanity Law was amended in some minor respects by the Legislature of 1907. Chapter 462 authorizes the Commission to accept and hold money and property in trust for the maintenance of patients in State Hospitals or for other legitimate purposes

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connected with the hospitals. This law also regulates the investment and use of such funds. Chapter 325 amends the Insanity Law in connection with the erection, repair and improvement of State Hospital buildings. The powers and duties of the State Architect in relation to the State Hospitals are somewhat more definitely stated and regulated; the issuance by the State Architect upon authorization by the Commission of special orders for work in amounts less than \$1,000 is authorized; and various other requirements regarding contracts for construction are detailed.

APPROPRIATIONS AND EXPENDITURES

So long as the insane continue to increase in number, the appropriations for their maintenance and accommodation should be expected to increase also, unless a period of great reduction in the cost of living should set in, or new and important economies, not inconsistent with the well-being of the patients, should be secured. That appropriations for the care of the insane should decrease as the number of the insane in custody increases, and during a period of rising prices, must result, in the absence of important economies, in one of two things, either the lowering of the standard of care of the patients or the exceeding of the appropriations, with the necessity for deficiency appropriations later.

The expenditures for the maintenance of the insane for the fiscal year 1907 amounted to \$4,893,266.29. The Legislature of 1907 appropriated for this purpose, for the fiscal year 1908, \$4,655,000. The per capita cost of maintenance for the past year was \$183.83. With an expected increase of about 800 patients, the appropriation for 1908 allows a per capita expenditure of less than \$170.00.

We believe that no reduction in the standard of care of patients was intended or desired, but that it was thought by those responsible for the reduction that considerable economies were possible, and that those in charge of the institutions would discover where savings could be effected if forced to a careful study of the situation by the necessity of living within a decreased appropriation.

We can readily understand how a visitor, unfamiliar with the details of State Hospital administration, might gain the impression that the State Hospitals are extravagantly managed from seeing the beautifully kept lawns, roads and flower beds, the home-like furniture on the wards, the nicely polished floors, even an occa-

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sional piano or music box in a convalescent ward, etc. Such a visitor should remember that in a great institution with a large supply of free labor, and with employment recognized as one of the chief means of curing or ameliorating mental disease, results which are ordinarily achieved only at great expense are obtainable with economy both of money and of life. He should remember further that all these things may exist along with too great economy in certain directions, even an insufficient supply of food, clothing and other necessities of life. If there were extravagance in the administration of the State Hospitals, the way to determine this fact, and to locate such extravagance, would be to make an examination of the estimates of expenses submitted by the State Hospitals as approved by the Commission, rather than to make a flat reduction in the appropriation for the maintenance of the institution.

The reduction came through the failure of the Legislature to appropriate for the maintenance of the insane the amount, generally about a quarter of a million dollars, customarily reappropriated from the funds turned into the State treasury as receipts from reimbursing patients, the sale of farm products, etc. The principle has long since been adopted of requiring that all moneys collected by State institutions should be turned into the State treasury, and that appropriations should be based on needs, not on earnings. To reappropriate these specific sums for the purposes of the institutions collecting them seems somewhat inconsistent with this principle. The State institutions should receive from the State treasury a sufficient sum to maintain them properly, regardless of the amount they are able to collect, and the reappropriations of their collections should be replaced by the appropriation of an adequate amount in the general appropriation bill.

Unless a larger amount is soon available for the maintenance of the insane, the standard of care will have to be reduced below a proper and decent level. To keep the insane at the rate allowed by the appropriation already made, with the prevailing high prices of supplies, means that the food and clothing and bedding will be insufficient and of poor quality, and that the already inadequate supply of attendants will be further reduced. Perhaps the most serious result of a reduction in the appropriation for the insane is the effect on the attendants who have the immediate care of the patients. As wages are fixed by statute, they cannot be reduced,

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and the only possible resort is such a curtailment of the force that those employes who remain in the service are seriously overworked, and patients are neglected. As soon as the work of attendants becomes too irksome, they leave the State Hospital service to find positions elsewhere, and the difficulties of the situation are greatly increased. The public should realize that the problem of the employes is one of the most important problems that confronts us in the care of the insane. The occasional instances of neglect and even abuse of patients, which do so much to discredit the State Hospitals, and to prejudice people against them, are largely due to the difficulty of securing a sufficient force of reliable employes to work for the remuneration offered and under the conditions prescribed.

The Legislature has this year tried the experiment of making separate maintenance appropriations for the individual State Hospitals instead of appropriating a lump sum for the maintenance of all, to be expended at the discretion of the State Commission in Lunacy. This plan presents many difficulties. Whether it has offsetting advantages is uncertain, and its advantages are unlikely to have an opportunity to become apparent in a year when the appropriations are so notably insufficient that a fair trial of the plan is impossible. It is probably thought that each hospital will watch its expenditures more closely and plan more far-sightedly if it has a definite sum set apart at the beginning of the year, than will be the case if it has to compete with others for its share of a general appropriation. If this be true, the State Commission in Lunacy should, on the plan of a lump appropriation, make an apportionment to the State Hospitals at the beginning of the year. Subsequent transfers could be made more readily by the Commission than by the Legislature. The separate appropriation for each institution is a return to the principle that the Legislature, in session but a few months, and with all the State finances in hand and State departments to consider, can appropriate funds to individual hospitals more wisely than can the Commission, in session all the year, and with close personal knowledge of all the hospitals. The general trend has been the other way since 1893. Certainly this departure of the Legislature greatly lessens the responsibilities of the Commission.

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OVERCROWDING AND TRANSFERS

We print, as usual, a table showing the certified capacity of the State Hospitals, and their census October 1, 1907, and the percentage of overcrowding which the figures indicate. The total excess of patients over capacity seems to be 1,811, as compared with 1,728 last year, and the general average of overcrowding is 7.1 per cent, as compared with 7 per cent last year.

STATE HOSPITAL	Capacity	Census	Percentage of overcrowding
Utica	1,196	1,224	2.3
Willard	2,322	2,305	...
Hudson River	2,235	2,385	6.7
Middletown	1,222	1,331	8.9
Buffalo	1,828	1,875	2.5
Binghamton	1,523	1,591	4.4
St. Lawrence	1,793	1,835	2.3
Rochester	1,305	1,324	1.4
Gowanda	912	904	...
Kings Park	2,870	3,207	11.7
Long Island	655	716	9.3
Manhattan	3,534	4,493	27.1
Central Islip	3,896	3,912	4.1
Total	25,291	27,102	7.1

The uneven distribution of overcrowding indicated by these figures suggests inquiry. Why should there be such disparity, for instance, between the Manhattan and the Central Islip State Hospitals, which draw their patients from practically the same district, and why should the Willard and Gowanda State Hospitals not be filled to their capacity, when other institutions are so overburdened? The failure of the Commission to make transfers of patients from the more to the less crowded hospitals is said to be due in large measure to the unwillingness of patients and their friends to be widely separated. It is unfortunate that these obstacles were not appreciated when the enlargement, now under way, of the Hudson River, Middletown and Binghamton State

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Hospitals to the extent of over 2,000 beds was decided upon, though only one of these institutions has a capacity smaller than the insane population of its district. Since these extensive additions have been authorized, and are now nearing completion, the necessity for the transfer of patients to fill them from the metropolitan district must be faced in the course of a few months. Under the circumstances, why not make a virtue of necessity, and transform the plan of transfer into a valuable therapeutic agency? We wish to repeat this year a part of what we said two years ago on this subject.

“ It would seem as if the transfer of patients from one hospital to another offers a very valuable opportunity for interesting experiments as to the effect on a fairly hopeful case of such a change. The monotony of institution life is not sufficiently appreciated. Anything that breaks this monotony is likely to result in the improvement of the patients affected. Superintendents often remark on the improvement in a patient's condition that results from transfer from one building to another in the same institution, and some hospitals have adopted a system of sending patients for short visits to other and different parts of the hospital, especially if they have farm colonies or recreation cottages. In the same way and to a great extent the transfer of patients from one hospital to another is likely to result in benefit in many cases. Certain hospitals are well equipped to care for patients who will be benefited by out-door work on a farm, others have their indoor industries well developed, some are situated on or near the sea, others on or near the great or smaller lakes, others on the banks of great rivers, some are in or near large cities, others in the country far from any considerable town. In variety of location, and climate and surroundings, as well as of internal administration, our thirteen State Hospitals offer great opportunities for differences in methods of care and treatment adapted to the individual needs of patients suffering from different kinds of mental or physical disease. It would seem as if greater advantage should be taken of this opportunity to transmute the agency of transfers into one of the curative and ameliorative agencies in the care and treatment of the insane.”

It seems probable that the patients and their friends might be more willing to agree to the separation, involved in the transfer of patients to a distant hospital, if the advantage of the change were explained to them. In suitable cases, it might even be possible

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for the State to provide transportation for an immediate relative to visit a patient at a distance, such expense being carefully and suitably regulated. Of course only relatives unable to meet the expense of the trip should be assisted in this way, and only visits that are likely to benefit patients should be encouraged. The visitation of patients should be determined rather by the needs of the patient than by those of the visitor. If visits from relatives are in certain cases a valuable therapeutic agency, they should be secured if possible, and paid for if necessary. From this point of view, considerable elasticity in the rules relating to visitors should be possible. When patients are improved and helped by frequent visits of friends, such visits should be encouraged and allowed as frequently as desirable, while visits which affect a patient unfortunately should be prevented. When visitors are wage earners, they should be allowed to visit their friends in the hospitals on Sundays and holidays, even in hospitals where the usual rules forbid visits on these days.

STATE HOSPITAL LAND

More land is urgently needed at most of the State hospitals. At present the acreage is very insufficient, and the State is not purchasing land to keep up with the increase in buildings and inmates.

It is generally considered by authorities on the subject that there should be at least half an acre per patient at institutions for the insane. On October 1, 1907, there were in the thirteen State Hospitals 27,102 patients, and these hospitals had only 7,980½ acres of land. On October 1, 1898, when there were 20,845 patients in the State Hospitals, these institutions had 7,690 acres. Since then there has been an increase of 6,257 patients and only 290 acres. The capacity of the State Hospitals has been increased from 18,911, October 1, 1898, to 25,291, October 1, 1907, and with the buildings now being or about to be erected under appropriations made by the Legislatures of 1905-7, the capacity will be increased 2,525 beds in the course of another year. We have not heard of any plans to increase correspondingly the acreage of the institutions where these beds are being supplied. At the Utica, Hudson River, Middletown, Buffalo, Rochester, St. Lawrence, Central Islip and Gowanda State Hospitals, more land could be bought and is needed. It is constantly increasing in value

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and should be acquired as soon as possible. The following table shows the certified capacity of the State Hospitals on October 1, 1907, and their total acreage according to the latest published report of the Commission.

STATE HOSPITAL	Capacity	Acreage	Acreage per unit of capacity
Utica	1,196	455	.38
Willard	2,322	1,205	.51
Hudson River	2,235	812	.36
Middletown	1,222	281	.23
Buffalo	1,828	183	.10
Binghamton	1,523	1,173*	.77
St. Lawrence	1,793	990	.55
Rochester	1,305	216 $\frac{3}{4}$	.16
Kings Park	2,870	889 $\frac{3}{4}$	.31
Long Island	655	30	.04
Manhattan	3,534	245	.06
Central Islip	3,896	1,000	.25
Gowanda	912	500	.54
All hospitals	25,291	7,980 $\frac{1}{2}$	.31

As the acreage of the State Hospitals includes land used for building sites as well as for the exercise and employment of patients, the actual land available for agriculture is, of course, considerably less than these figures indicate. It is also unfortunately true that at some of the State Hospitals, notably Hudson River, Kings Park and Central Islip, the nature of the soil is not such as to make agriculture very profitable, except as a means of healthful employment for patients.

Out-door employment for patients is so essential as a curative and remedial agency that it should be provided, even where the financial profit derived therefrom is small. In fact, its importance is such as to justify the operation of farms, gardens and dairies primarily for this purpose. The extent of the saving to the State through these departments of State Hospitals should therefore be a minor consideration, but at the same time, an effort should be made to run these departments with as much financial

*Includes 60 acres rented.

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profit to the State as is consistent with the desired degree of profit to the patients.

At the present time many of the State Hospital farms are not used to the greatest possible advantage. It would seem to us a good plan to employ a practical scientific agriculturist to visit the farms and report on methods of improving them. Some years ago an expert of this character made a study of one of the State Hospital farms for this Association, and presented an extremely valuable report, containing admirable suggestions for the development and improvement of the property. The State Commission in Lunacy employs a supervising engineer to oversee the mechanical appliances and fixtures in the State Hospitals, and it would seem to us that the precedent thus established by the Commission should be followed by the appointment of other experts for supervising other important departments in the State Hospital service.

The State Hospitals not only need more land, but better equipment in their agricultural and other related departments. The hospitals should be allowed and encouraged to increase their herds, their poultry plants and other departments furnishing supplies for employes and patients. At present some of the State Hospitals try to supply all their milk, but are unable to furnish sufficient throughout the year, with the unfortunate result that for considerable periods of the year when the supply is inadequate, they are not enabled to buy enough to make up for the deficiency. Hospitals that are easily able, under favorable conditions, to supply all the vegetables needed by their patients, are sometimes unable, in poor seasons, to supply a sufficient quantity, and the deficiencies of the State Hospital farms are not always adequately met by the purchase of supplies. If the Commission had a capable officer supervising the hospital farms, it would have at hand a reliable source of information as to what could be expected of the State Hospitals in this department each year, and might be more ready to supplement the deficiencies of the State Hospitals in years when their farms were necessarily less productive than normally.

A supervising agriculturist familiar with conditions at all institutions might perform very valuable service to the State in facilitating co-operation among the different hospitals. Many hospitals are so situated that they would be able to produce supplies not only sufficient for their own use, but also for the use of other less favored institutions. An exchange of agricultural for industrial

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products between country and city hospitals would be in the interests of economy. Consider, for instance, the opportunity of the Buffalo and Gowanda State Hospitals, only about forty miles apart. The former with 1,875 patients has only 183 acres of land, while the latter, with 900 patients, has 500 acres. Gowanda is able to raise more vegetables than it can consume, and might supply fresh or canned vegetables for its neighbor. Buffalo, on the other hand, has more patients than it can properly employ in doing the work and manufacturing the supplies required in the institution. It might well produce manufactured articles in exchange for agricultural products. By developing the departments in which each hospital is strong, the amount of work available for the patients would be increased, and their condition would be improved.

TRAINING OF ATTENDANTS

No feature of the State Hospital service is more important than the character of the nurses and attendants who are in charge of the patients. That those who have the care of the insane should be trained for their work has long been recognized, and the development and maintenance of training schools for nurses in all the State Hospitals in this State is one of the most valuable results of the movement for better care of the insane. Since the organization of these schools there has been a steady improvement in their methods of work, and special efforts have been made recently, and are being made at the present time, to raise still further the standard of training in order that the schools may meet the requirements for State registration and be able to give their graduates the title of "Registered Nurse." Through co-operation with general and special hospitals some of the State Hospital schools are already able to secure for their pupils the required training in obstetrics and children's diseases and are at present registered schools.

We are heartily in favor of this movement to raise the standard of the training schools in the State Hospitals, and we should like to see the graduates of these schools generally considered equal to the graduates of general hospital training schools, since this will mean the attraction to the State Hospital service of men and women of a high grade of character and intelligence.

One of the ways in which the State Hospital training schools should follow the example of the general hospital training schools is in the better organization of the work. Each school should have

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at its head a principal, some one well-qualified person whose chief duty is the conduct of the school. The important part taken by superintendents of training schools in the improvement of general hospitals is well known to all who have studied the progress of such institutions during the past generation. At present the responsibility for the schools is shared by the medical superintendents, the physicians and the matrons, who have other more absorbing duties. It is possible that in some hospitals the matron might act as principal of the training school, if a competent assistant matron or housekeeper were appointed to relieve her of the less responsible work in the matron's department, but if this arrangement were made, it should be with the understanding that the first and most important part of her work is in connection with the training of those who are entrusted with the immediate care of the patients. With a competent officer devoting most of her time to this work, it should be possible not only to secure a thorough and more varied course of training for those who aim to become trained and registered nurses, but also to devise some more satisfactory method of dealing with attendants who do not enter the regular training school, or who, after entering, fail to meet the required tests and are forced to abandon the course.

An effort should be made to counteract in some way the disadvantage which at present results from raising the standard of the training given, in that it crowds out attendants of inadequate preliminary education, with the result that in most of the State Hospitals the great mass of the attendants who have the immediate charge of the patients, are neither pupils in nor graduates of the schools for nurses. Not only do the majority of the attendants remain outside the training school and lose the benefit of the valuable course of instruction now offered, but they have no systematic preparation for their work, except what they may gain from reading the rules and regulations and following the instructions given them by the charge and supervising nurses under whom they serve.

It would seem as if the importance of special training for the performance of the difficult duties connected with the care of the insane, as to whom the layman has as a rule so many misconceptions, would warrant insistence on a fairly complete course of training for every employe. Many attendants who might be unable to pass successfully all the required examinations could still derive much benefit from some systematic instruction. Every

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person employed to care for insane patients should certainly be helped at the very outset to see the work from the right point of view, should be taught something of the nature of insanity and the proper methods of dealing with the insane in connection with both the physical and the so-called "moral" treatment of their charges. The instruction might be conveyed in simpler language than that of the regular training school class room, but it should to some extent cover the same ground. In this connection we wish to repeat a recommendation made in our report for 1899: "For those who do not intend to take the training school course, we would suggest that a more elementary course be devised, which would be of benefit alike to the employes and to the patients in their charge. Such a course would sustain the same relation to the training school that the 'Course for Trained Attendants for the Sick' does to the curriculum of general hospital training schools. This would not and should not take the place of the higher education, for we would deprecate any lowering of the standards of the schools. But there is a need to be met to-day, a temporary need we hope, which might be met by a simple course of instruction for many of the attendants of these large State Hospitals."

It is perhaps not sufficiently recognized that the ordinary attendant enters the State Hospital service with the same prejudices and misconceptions about the insane that are common to the general public. Such persons are seldom of a sufficiently high grade of intelligence to see in the rules and regulations they are directed to read, and the orders issued by their superiors, the underlying principles of a proper system of care and treatment of the insane. Attendants who are incapable of pursuing the training school course are certainly incapable of working out for themselves the right theory and practice of their profession. Attendants who may not measure up to the requirements of admission to existing schools are still capable of some form of instruction, and a person incapable of benefiting by instruction, is hardly a suitable person to undertake such duties.

The small proportion of those employed in ward service who are either pupils in or graduates of the training schools maintained by the various State Hospitals is shown by the following table prepared from figures furnished by the State Hospitals and the Commission:

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TABLE SHOWING RATIO OF TRAINED NURSES TO TOTAL WARD SERVICE OF STATE HOSPITALS

STATE HOSPITAL	Total number employed in ward service*	Graduates of Training School	Pupils in Training School	Graduates and pupils	Ratio of graduates and pupils to total ward service
Rochester	182	89	42	131	71.9%
Utica	166	47	31	78	46.9%
Buffalo	231	69	39	108	46.7%
Gowanda	107	17	33	50	46.7%
Binghamton	206	51	41	92	44.6%
Long Island	99	17	23	40	40.4%
Manhattan	493	124	54	178	36.1%
St. Lawrence	251	43	47	90	35.8%
Willard	289	59	42	101	34.9%
Middletown	156	30	24	54	34.6%
Kings Park	361	53	50	103	28.5%
Central Islip	402	74	37	111	27.6%
Hudson River	334	56	34	90	26.9%
Total	3,277	729	497	1,226	37.4%

INSANE ALIENS

The act of February 20, 1907, entitled "An act to regulate the immigration of aliens into the United States," contained the amendments proposed by this Association substantially as submitted. The amendments in which the Association was interested were as follows:

1. That the name and address of the nearest relative in the country from which the alien came should be secured at the point of embarkation, and included in the ship's manifest, the purpose of this being to facilitate the return of an insane alien to friends or relatives.

2. That when the mental or physical condition of an alien is such as to require personal care and attendance, a suitable person

* Ward service includes the following classes of employes: Chief supervisors, supervisors, charge nurses, nurses, charge attendants, attendants, special attendants, dining-room attendants.

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should be employed to accompany the alien to his or her final destination in the country from which the alien came.

3. That upon the certificate of a medical officer of the U. S. Public Health and Marine Hospital Service to the effect that the health or safety of an insane alien would be unduly imperilled by immediate deportation, such alien may be held for treatment until such time as in the opinion of the medical officer he or she can be safely deported.

The first and third of these amendments were inserted in substantially the form suggested, and were entirely satisfactory to the Association. In the case of the second, the Association recommended that the attendant sent to accompany an insane alien who was deported, should be a person of the same sex. This was not provided for in the law, but the word "suitable" which was used will presumably be interpreted to mean a person of the same sex as the alien.

Subsequently the Commissioner-General of Immigration framed rules relating to deportation, to provide for carrying out the provisions of the Immigration Act, and these rules were approved by the Secretary of Commerce and Labor June 22, 1907. Rule 37 relates to the deportation of aliens requiring attendants, and is in part as follows:

"RULE 37. *Deportation, attendant.*—When deportation is to be effected under sections 20 and 21, and the mental and physical condition of the alien under order of deportation is such as to require, in the opinion of the investigating officer and of the physician (if practicable, an officer of the Public Health and Marine Hospital Service) having personal knowledge of the condition of the alien's health, the care of a personal attendant while en route to final destination, the reasons for such belief shall be stated when reporting the hearing had under the warrant of arrest, so that proper provision may be made for the detail or employment of an attendant; and the following instructions will be observed:

"(a) Immigration officers will exercise due care to insure the employment of attendants in all cases where the precaution is actually necessary, and in none other. Efficient, responsible persons only shall be employed as attendants, and the incurrence of unreasonable or unnecessary expenses must be avoided. * * *

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“(b) Attendants will accompany aliens to final foreign destination, and will, when proceeding abroad, be required to travel under the same conditions as the alien; and when returning will travel second class. They will be required to submit, after completion of the detail, a written report, giving briefly any items of interest connected therewith, and showing when, how, and under what circumstances the final disposition of the deported alien was accomplished.”

The need for the attendants, provided for in the act of Congress, and in the regulations to carry out the law, was forcibly illustrated by an unfortunate accident which occurred in April, 1907, before this provision went into effect. A patient, turned over to the immigration authorities for deportation, who had been confined in the Long Island State Hospital for the insane in Brooklyn, upon being placed on the steamship, committed suicide before the boat left the dock. The Association addressed a letter of inquiry to the steamship company who had charge of this patient, and received a letter making the following statement:

“Shortly after having been placed on the steamer by the immigration officials and placed under lock and key in one of the closed rooms, he became very violent and it was necessary for the ship’s surgeon to order him placed in a strait jacket. He was visited at regular intervals during the night, but it appears that near morning he was able to reverse the straps and hang himself by same.”

This case was called to the attention of the Secretary of the Department of Commerce and Labor, and the hope was expressed that arrangements would be made at an early date for carrying into effect the provisions of the law aimed to safeguard insane aliens deported from this country to the country from which they came. In July arrangements were perfected according to the rules quoted in part above, and the co-operation of some of the State Hospitals was invited in securing experienced and capable attendants, some of them speaking a number of European languages, who could be employed by the federal government to take charge of deported insane aliens. During the summer the new system was put into operation, and so far as we have been able to learn, with excellent results. At the close of the fiscal year, the system is still in an experimental stage, and it is feared that the opposition of the steamship companies, which has already become evident, may

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seriously interfere with the successful operation of the new plan. Under the present arrangements, the cost of sending the attendants with the deported aliens, and also the cost of the attendants' return trip, is a charge on the steamship companies originally bringing to this country the aliens who are subsequently deported.

Owing to the absence in Europe for a large part of the year of two of the three members of the special committee on insane aliens, only one visit to Ellis Island has been made during the year. It is hoped, however, that during the coming year it will be possible to renew our visits to Ellis Island and so keep ourselves informed regarding the methods of caring for those detained for examination as to their mental condition and those detained awaiting deportation.

CARE OF THE ALLEGED INSANE PENDING COMMITMENT

Information from various sources indicates that, in many parts of the State, the old custom of arresting persons becoming suddenly insane and sending them temporarily to jails, station houses and lock-ups still continues. The impropriety and injustice of treating those mentally ill as disorderly persons and criminals is obvious. The Association has hoped to be able to undertake some work looking towards the amelioration of these unfortunate conditions, and has already made some slight progress in this direction. The Association asked the medical superintendents of the State Hospitals to send information of instances coming to their attention of patients received at their hospitals who had been previously subjected to improper confinement in penal institutions. During the past year and a half a number of letters has been received from the Hudson River and Middletown State Hospitals, instancing the cases of individuals received from jails and lock-ups. When these patients came from towns where the Association has members, the local members have been notified, and in several cases have made a gratifying response to the Association's request for co-operation in improving local methods of caring for the alleged insane.

The most serious complaint received during this period was of the conditions under which a young woman was found to be detained at the Yonkers jail in June, 1907. The two members of

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the Association living in Yonkers were immediately notified of this case, and at once instituted inquiries and took the matter up with the commissioner of police. Later these members conferred with the commissioner of charities of Yonkers, and with the boards of managers of the two general hospitals in that city for the purpose of ascertaining whether such patients might be temporarily cared for at these institutions. All the public officials were much interested in having proper care furnished for such cases, and in September the commissioner of charities sent a formal communication to the common council calling the attention of the mayor and aldermen to the urgent need of a proper place in Yonkers for the temporary detention of the alleged insane. The matter has been made the subject of considerable newspaper comment, and much public interest seems to have been aroused. As a new city administration was soon to take office, the matter was left over for its consideration. The new mayor, a physician, is known to be deeply interested in securing better care for the alleged insane under examination, and effective measures are looked for early in his administration, which begins January 1, 1908.

In July, 1907, a letter was received from the Middletown State Homeopathic Hospital reporting the detention of patients in the Newburgh jail. Our committee in Newburgh brought the matter to the attention of the authorities, and subsequently held a meeting at which there were present representatives of the committee, the supervisor, the recorder, the marshal, the probation officer, the deputy sheriff, the superintendent and the physician of the City Home, the jail physician, and representatives of private hospitals in Newburgh. The matter is still the subject of conference, and, as all agree that some radical change should be made, it is hoped that a suitable method of caring for such cases, preferably in a part of one of the local hospitals, will be put into effect.

The Association hopes to arouse interest in this important matter in other parts of the State during the coming year, and asks the further co-operation of the Commission and of the superintendents of the State Hospitals in securing information regarding localities where conditions are not what they should be.

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SECOND ANNUAL REPORT OF THE SUB-COMMITTEE
ON AFTER-CARE OF THE INSANE

The work for the assistance of patients discharged recovered from the State Hospitals for the insane has been carried on with increased success during the past year, and has proved its value. The work done by the After-Care Committee of the State Charities Aid Association and by the co-operating committees already organized for five of the State Hospitals, has benefited a large number of patients who, returned to their homes, have now been under supervision for a sufficient length of time to give evidence of the permanent value of the assistance which the committees have been able to render.

Gratifying evidence of a widespread and growing interest in work of this nature have come from many quarters. The after-care of the insane has been the subject of numerous editorials in medical journals and newspapers, and the consideration of this subject was an important and popular feature of two national conferences during the year. At the sixty-third annual meeting of the American Medico-Psychological Association held in Washington, May 7 to 9, 1907, Dr. William Mabon, Superintendent and Medical Director of the Manhattan State Hospital, read a paper giving a comprehensive, historical and descriptive account of the development of such work in this country. Through the kindness of Dr. Mabon, the Association has been furnished with 500 reprints of this paper for distribution among its members and correspondents. At the same session of the Washington conference, Dr. Robert M. Elliott, Superintendent of the Willard State Hospital, read a short paper on the after-care of the insane, dealing especially with the work done by the Willard After-Care Committee and the need of such work in this State. At the thirty-fourth national conference of Charities and Correction held at Minneapolis, June twelfth to nineteenth, a paper entitled "A Year's Work in the After-Care of the Insane in New York," prepared by Mr. Homer Folks, Secretary of the State Charities Aid Association, was received with marked attention. At both of these meetings the After-Care Agent of the Association, Miss E. H. Horton, was present, and took part in the discussion of the papers, and in answering questions asked by delegates interested in the subject.

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On February 5, 1907, the Manhattan After-Care Committee was reorganized as the "Manhattan and Central Islip After-Care Committee" by the addition of members representing the Central Islip State Hospital. As these two hospitals draw most of their patients from the same district, viz., from the county of New York, and as the great majority of patients discharged recovered from both institutions are returned here, it was felt that duplication of work would be avoided by having one committee instead of two working for these New York city patients.

Steps have been taken towards the organization of a similar committee for the Long Island and Kings Park State Hospitals, but this has not yet been consummated. The After-Care Agent of the Association has been able during the year to render some assistance to patients discharged from the Long Island State Hospital, and it is expected that the new After-Care Committee will be in operation before the close of the year.

Interesting annual reports have been received from all four of the State Hospital After-Care Committees.

The number of cases under the supervision of these committees during the past year, may be summarized as follows:

Manhattan and Central Islip After-Care Committee.....	111
Willard After-Care Committee.....	22
Hudson River After-Care Committee.....	4
Binghamton After-Care Committee.....	6

From the reports of these committees, a few items regarding their work and accounts of typical cases are selected to illustrate the aims, methods and results of what is being done.

WILLARD AFTER-CARE COMMITTEE

The Willard After-Care Committee has held two meetings during the year, both at the hospital and fully attended. One or more members of the Committee reside in each of the nine counties from which patients are sent to Willard. This makes it possible to refer every needy patient discharged from the hospital to a member of the Committee in the same county. When a patient thought to be in need of assistance or supervision is discharged to his home, the member of the Committee living nearest is noti-

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fied, and personally looks after the patient. The following are typical cases assisted by this Committee during the year:

Case 12.—A colored woman, paroled in care of the Auburn member of the Committee, who gave her employment as a domestic in his own home. Though she had been a person of bad habits, she did very well in this situation, but subsequently she secured another situation in the country where she seemed to be getting into bad company. The visitor used his influence and that of his friends in the locality to have this unfortunate connection broken off, and succeeded in accomplishing this. The woman is now reported as doing so well as a domestic in her country situation that her employer would be glad to have more like her, and it is felt that there will be no trouble in finding situations for patients where this case is known.

Case 17.—A German woman, paroled in care of her husband, and referred for supervision to the member of the Committee in Ithaca. The visitor found the home conditions very poor, as the man, though sober, industrious and well-meaning, was so ignorant of the city as to have settled in a bad section. The visitor has persuaded him to move and will assist in finding a better place. The patient was much pleased to know that the hospital authorities were still interested in her case.

Case 21.—A colored man, having no known relatives or friends, an alcoholic case. The patient was referred to the member of the Committee in Auburn, and is employed by this gentleman in his coal yard, at \$1.75 a day. The visitor has helped the man to keep from drink, and though he has given way twice to this temptation, he is very anxious to reform and has done so well recently that he has been promoted to be foreman of the yard.

Case 22.—A young woman, paroled to the care of her father, and referred to the member of the Committee in Hornell. The home conditions were rather cheerless, and the visitor has persuaded friends of her own to call on the patient and has sent invitations and tickets for entertainments. The friendliness of the visitor has been very much appreciated by the young woman, and she seems now to be quite re-established in health.

Case 24.—A young man whose trouble was due to alcoholism, paroled in the care of his sister, and referred to the member of the Committee in Hornell, who keeps in touch with the patient and endeavors to influence him against returning to his bad habits. He

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is much pleased by the friendly interest of the visitor and frequently writes her postal cards to say how he is getting on. He is now working in a factory, is a comfort to his family, and seems re-established in society.

HUDSON RIVER AFTER-CARE COMMITTEE

During the past year the Hudson River After-Care Committee has held two meetings of the full committee, and two special meetings to consider special cases. The Secretary of the Committee has visited the hospital eight times to see and talk with patients about to be discharged. The following cases are among those reported:

No. 1.—Teacher who had developed an exhaustive psychosis, through caring at night for a sick parent, while teaching during the day time. She recovered after three weeks at the hospital. The Secretary of the Committee corresponded with school commissioners in the district where she had taught, and secured a small country school for her. She has gotten on very well indeed and during the past summer the Committee sent her away for a holiday of six weeks. She is very grateful for all that has been done.

No. 2.—An elderly woman who had been in the hospital for some time. A position was secured for her in the vicinity of Poughkeepsie.

No. 3.—A middle aged woman who was boarded for some time at the expense of the hospital in a family home in the vicinity. As she seemed to have a taste for canvassing, the Committee suggested the selling of toilet articles, and supplied her with a sample box. She has done very well and has been discharged from supervision as able to support and care for herself.

BINGHAMTON AFTER-CARE COMMITTEE

The Committee reports that the number of recovered cases requiring after-care is very small at this hospital, owing to the fact that the great majority of recent commitments from among whom recoveries are obtained, come from comfortable homes to which they can be returned when well.

An interesting and admirable feature of the work done for patients from this hospital is the extent to which recovered patients

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are given paid employment in the hospital, or allowed to live at the hospital while they are seeking employment outside, and in some cases even during the first weeks of trial in their new positions. This makes an easy transition from hospital care to self-dependence, and is doubtless valuable in establishing the recovery on a permanent basis.

The following are selected from among the cases reported:

1. A professional man who became insane through the excessive use of morphine resorted to in illness, and whose mind was completely restored after a few months' treatment at the hospital. He did not wish to leave until he felt sure of his ability to refrain from the use of drugs. He accepted a position as fireman in the hospital power-house, and performed his duties satisfactorily for more than three months under the immediate observation of the hospital physicians, and then left in rugged health to resume the practice of his profession.

2. Another patient of middle age was unsuccessful in making a livelihood away from the hospital, and was given employment in one of the hospital shops, where he renders useful service at a moderate salary.

3. A patient suffering from melancholia was aided in securing employment in a factory, and was allowed to return to the hospital every evening for supper, and to sleep and breakfast there. This was continued for several weeks, until he gained confidence in his ability to care for himself, when he was finally discharged with excellent prospects of complete recovery.

4. A patient who recovered from a brief attack of insanity, was unable to find employment in his old position, as workmen were being laid off on account of dull business, so a position was secured for him by the Committee as conductor on the street railway.

**MANHATTAN AND CENTRAL ISLIP AFTER-CARE
COMMITTEE**

In addition to the work first undertaken solely for the benefit of patients from the Manhattan State Hospital, and pursued for ten months, the Committee has now extended its work to include patients from the Central Islip State Hospital, adding new mem-

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bers to the Committee to represent that hospital. The reorganization of the Committee under the name of the Manhattan and Central Islip After-Care Committee was effected February 5, 1907. The same month three of the members representing the Central Islip State Hospital, with the Chairman of the Committee and the Association's After-Care Agent, visited the Central Islip State Hospital and conferred with the physicians, who seemed much interested in the work, and expressed their readiness to co-operate.

The report of this Committee dwells on the important work being done by the Association's Agent in connection with the patients from the Manhattan and Central Islip State Hospitals, and says: "There are often cases found of extreme destitution, of unusual worries of various kinds, and of a lack of harmony and good feeling between the different members of the family. These conditions all tend to react on the patient, and it has been the aim of the Agent to relieve and remove these conditions wherever possible, first, by bringing special cases to the attention of other societies; second, by helping to procure situations for the unemployed, and again by her wise counsel, establishing more harmonious relations." The Chairman of the Committee also speaks of visits made by herself and by other members of the Committee to the homes of patients under supervision in their homes.

The following are a few of the cases assisted by the Manhattan and Central Islip After-Care Committee during the year:

A. B.—Young man, thirty-three years of age, had been in hospital fifteen years. For past five or six years had shown steady improvement. Strong man, anxious to support himself, perfectly honest, only defect his inability to read and write English. A situation was found for him as "handy man" at a small place in the country. His employer writes that his memory is not good, but that she would not part with him for anything, he is so faithful, works so well and is so neat.

C. D.—Young woman whose two little children had been placed in a home, and whose husband took to drinking and lost his position after she went to the hospital. A situation was secured for her in a private family, where they think very highly of her. Agent got the man reinstated and he is doing well. As soon as the couple can lay by a little money they will set up housekeeping and have their children with them.

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E. F.—Young woman, whose husband and three little girls were cared for by her mother while she was in the hospital. When she returned home a situation was found for her, and later a sewing machine, for which she was trying to pay on the instalment plan, was purchased for her outright. To eke out her husband's rather small wages, one room was let to a lodger. The miserable tenement in which the family lived was most unsanitary, and Agent finally succeeded in getting them to move. They now have airy, sunny rooms, and have a lodger who pays them fairly well. The woman is most grateful and shows Agent with pride her bright rooms and the clothes she makes on her machine.

G. H.—Middle aged widow; discharged from hospital to her niece. They did not get on together, and woman tried to find employment. Agent tried many places, but woman was not strong enough to do much work. She was referred to a society whose members were of her own creed, but later it was found that nothing had been done for her. She was sent to board in the country and gained steadily and was very grateful. Again she came to the city, but no suitable work presented itself. She was then sent to a country place through the courtesy of a settlement and gained very much. On her return to the city, when the Committee was almost despairing of helping her, she secured an excellent position, where she has congenial work, pleasant surroundings and fair remuneration. Her employers took her to the country for the summer and she is well and happy, and very grateful for the interest taken in her welfare.

I. J.—A young woman, a stranger in the city; recovered, but had nowhere to go. Had been quite silly and flighty at times and doctors thought might possibly relapse. She has worked for more than a year in a place as housemaid and has proved herself quite invaluable. She has been given more responsibility, and had her wages increased. She calls at the office to see Agent occasionally and appears to be very well and happy.

WORK OF AGENT

Miss E. H. Horton, the After-Care Agent of the Association, has continued to devote most of her time to assisting the Manhattan and Central Islip After-Care Committee in its work for the very large numbers of needy patients from New York city, who are discharged recovered from the two hospitals served by this Com-

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mittee. There has been, however, a considerable increase during the year in the number of patients from other hospitals assisted by our Agent. Of the 123 cases under her supervision during the year, 104 have come from Manhattan; 7 from Central Islip; 2 from Hudson River, and 10 from Long Island. The Agent has made 596 visits to or in behalf of patients, exclusive of her visits to the State Hospitals. She has paid 47 visits to the five State Hospitals from which patients have been referred for supervision. She has also attended meetings of the Willard and Hudson River After-Care Committees, in addition to the meetings of the Manhattan and Central Islip After-Care Committee.

Many of the patients under the care of the Hospital Committee require a very considerable amount of continuous work. In some cases, even where little or no material assistance is required, careful supervision for a long period is felt to be desirable. For instance, of the cases visited while under supervision, two were visited seven times; one, eight times; two, twelve times; one, fifteen times; one, seventeen times; one, eighteen times; one, twenty-two times, and one, forty-three times.

CO-OPERATION WITH OTHER AGENCIES

The Hospital After-Care Committees from the outset have endeavored to co-operate as much as possible with existing agencies for the assistance of persons in need of employment, recuperation, material relief or other forms of help. They aim to act as intermediaries between the patients discharged from the State Hospitals and such agencies as might do for them what is required. When there is need of something that cannot be met adequately by societies existing for these various purposes, the Committees undertake to do what seems to be needed. The action of the After-Care Committees in this respect has been dictated by two motives—unwillingness to duplicate work that is satisfactorily carried on by others, and unwillingness to have persons discharged recovered from State Hospitals considered as something apart and requiring different treatment from other needy sane persons. It is felt that those cured of insanity should be, as soon as possible, absorbed in the general community, and should regard themselves and be regarded by others as normal members of society. Confidence in the wisdom of this policy has been strengthened by experience. The Committees have been greatly assisted by the

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ready co-operation of nearly all societies which they have approached for the purpose of securing help in connection with individual cases.

During the first year and a half of its work, the Manhattan and Central Islip After-Care Committee, more especially, has co-operated with the following societies of New York city, and has received from them assistance most cordially rendered, and for which we are deeply grateful:

Charity Organization Society.

Association for Improving the Condition of the Poor.

Emergency Shelter of the Children's Aid Society.

United Hebrew Charities.

Young Men's Christian Association.

New York Trade School for Boys.

Manhattan Trade School for Girls.

Special Employment Bureau for the Handicapped.

Alliance Employment Bureau.

Loeb Home.

Sunnyside Day Nursery.

Union Settlement.

Nurses' Settlement.

Rhineland School.

Legal Aid Society.

West End Employment Bureau.

Brooklyn Bureau of Charities.

Of the thirty-two patients for whom employment was secured this year, twelve were provided with situations through the Special Employment Bureau of the Charity Organization Society, five by the Alliance Employment Bureau, and fifteen directly by the After-Care Agent. These co-operating agencies assist not only in securing employment, but also in sending patients and their relatives to the country, and in other ways. As examples of such co-operation, it may be mentioned that in one case a mother and three children, the mother being under the supervision of the After-Care Agency, were sent to the seashore for two weeks through the courtesy of the Association for Improving the Condition of the Poor. In another case, a young girl and her mother were sent to the country through the courtesy of the Loeb Home, and through the kindness of the Nurses' Settlement, a former

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patient, under the supervision of the After-Care Agency, was cared for in the country for some weeks.

The Committee wishes to express its appreciation of the friendly co-operation of the Clothing Bureau, a Society which devotes the proceeds of its sales of clothing to charitable purposes, and which contributed twenty-two dollars this year to the work of the After-Care Agency.

PREVENTIVE WORK

While the Committee has largely directed its efforts towards the prevention of relapses through assistance given to those who have been patients at the State Hospitals, it would be glad to be able to do more to prevent original attacks of mental disease by assisting persons threatened with such trouble. In our report of last year, an account was given of a young girl whose threatened mental break-down was prevented by promptly sending her to the country for needed rest and change when she first showed signs of nervous exhaustion. This case came to our attention through a physician from one of the State Hospitals, who served also at a dispensary in New York city, to which this patient came for treatment. We should be glad to have such cases referred to our Committee by dispensary physicians or others for such preventive assistance as they may seem to require.

PAROLE AND DISCHARGE

From the close study which the After-Care Committees have made of the circumstances of individuals discharged recovered from the State Hospitals, these Committees have come to feel that the methods of parole and discharge followed by the State Hospitals should be in some respects altered.

At present it is the general custom to discharge patients recovered or improved on thirty days' parole. The patients or their friends are requested to report to the hospital before the expiration of this period regarding the progress made in mental and physical health. With the permission of the State Commission in Lunacy, the parole can be extended at the end of thirty days for another thirty days. In case of a relapse, a patient can be returned to the hospital at any time during the period of parole, without the necessity of a legal commitment. If reports are received of continued improvement on the part of the patient on

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parole, the patient is finally discharged as cured or improved at the end of the thirty days. It is also customary to finally discharge patients regarding whom no report is received. The hospitals do not attempt to follow their patients to any extent, by seeking out paroled patients, and endeavoring to ascertain whether in every case the cure or improvement is such as to warrant final discharge. At present there are no adequate facilities for such supervision, as the officers of the hospitals have more than they can do in attending properly to the patients under their care in the institutions. They must therefore rely on such visits as paroled patients or their friends choose to make to the hospitals, or such letters as they may be willing to write. Hospitals located in or near large cities, discharging most of their patients to homes in the vicinity, can, without injustice to the patients or their friends, require personal visits to the hospital during the parole period, but hospitals sending their patients to a distance, cannot make this requirement, nor can hospitals making the requirement enforce its fulfillment.

The burden of proof of the desirability of discharge seems to be wrongly placed. At present a patient on parole is supposed to be ready for discharge, unless the hospital hears something to the contrary. It would seem wiser to defer final discharge until definitely affirmative news of the continued improvement of the patient comes to the hospital.

In the large number of recovered cases, where insanity is due to alcoholism, a patient's knowledge that he may be returned to the hospital at any time for a number of months after leaving, would be likely to have a deterrent influence, and give greater opportunity than is at present afforded for the development of habits of abstinence.

The friends of patients feel that while patients are on parole in their care, they are responsible for completing the good work which the hospital has been carrying on, and, like the patients, they also feel themselves on trial, and endeavor to do the best they can.

Until the State Hospital service is in a position to establish an adequate system of supervision of paroled patients, the After-Care Committees of the State Charities Aid Association should do as much of this work as is possible for laymen, with the co-operation of the hospital physicians. The After-Care Committee have concerned themselves largely with such paroled patients, and as a re-

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sult of their experience with such patients, they feel that the period of parole is at present too short, and that the formality of securing the consent of the State Commission in Lunacy to an extension of the parole in every individual case, acts as a deterrent to such extensions, except in cases of obvious and easily proved need. With many patients, one month, or even two, is entirely too short a time to determine the real trend of the case, whether toward continued improvement or toward a relapse. A parole of three months would afford much better opportunity to judge whether the patient is going to become adapted to the freer environment of life outside the hospital, with its greater stress and strain, or whether the recovery is what might be called only a conditional recovery, and can be maintained only under especially favorable conditions.

EXPENSE OF WORK

We refer the readers of this report to the accompanying financial statement. The expenses of the After-Care work thus far are not large, although with the formation of the new Hospital Committees they must necessarily increase. At present they are only about \$1,500 a year, or an average of \$125 per month. To prevent mental break-downs when possible, to confirm and establish recoveries, to extend a helping hand to those discharged from State Hospitals until enabled to live a normal, healthful life in the community, these are the aims of this Committee. Money was given to it at first, not as regular contributions, but to enable the experiment to be tried. This little After-Care fund is now nearly exhausted. The experiment, extending over one and a half years, has now been tried. If the results, as above stated, commend themselves, may we not ask the old friends of After-Care to renew their donations, and its new friends to come to our assistance.*

AS VIEWED BY THE ALIENIST

We close this report with a few quotations from the very valuable paper, already referred to, on "After-Care of the Insane,"†

*Contributions should be sent to the Treasurer, Mr. Edward W. Sheldon, 105 East 22d street, New York, designated "for After-care of the Insane," or to the chairman of the After-care Committee.

†See American Journal of Insanity, July, 1907. For reprints, apply to State Charities Aid Association, United Charities Building, 105 East 22d street, New York.

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by Dr. William Mabon, as showing the point of view of the alienist.

“Our experience is that the work of the After-Care Committee has been helpful to a large number of patients and also to the hospital. (Manhattan State Hospital, New York city, census October 1, 1907, 4,493 patients.) Were it not for their work, many patients would necessarily have been discharged to the care of the Department of Public Charities, as was formerly done. The circumstances of their going out into the world are far better under the present arrangement than they were at any time previous when the Department of Public Charities took charge of them. Under the previous conditions, they were either sent to the almshouse, or allowed to go directly on the streets of the city to seek friends or work without assistance from anyone, except such as might have been provided from the hospital. At the present time they are assisted and protected when they leave the hospital.

“The establishment of the After-Care Association in New York city has tended to increase the confidence in the administration of the metropolitan State Hospitals. Relatives of patients, as a rule, welcome visits from outside parties familiar with the work, and yet not part of the hospital organization. They feel in that way that they get an unbiased report on the standard of care maintained in the hospital. By means of this Association the ward physician oftentimes gains the confidence of a patient who has been paroled or discharged, and he is then in a position to point out the dangers of illness, privation and overwork, and to enlighten him as to premonitory symptoms which, unless relieved, might lead to a relapse. The patient having these symptoms should be encouraged to come and see his ward physician, talk over the case with him, take his advice, and such medical treatment as in the physician's opinion was called for. * * *

“The physicians in the State Hospitals who have co-operated with the State Charities Aid Association in the work of the After-Care of the insane see in this new branch of philanthropy a promise of valuable results in the prophylaxis of the disease which afflicts more than 27,000 persons in New York State alone.

“If this movement affords such a prospect of relief in one State, why should it not be undertaken in all States? The organizations may differ, but the work to be accomplished is the same.

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The fact that it has been continued so long and successfully in France, Switzerland, England, and other countries of Europe, and that it has been adopted by the Japanese, should be an incentive to our taking it up with vigor, and pushing the work to its utmost."

In conclusion, the Board of Managers in behalf of the State Charities Aid Association desires to express to your honorable Commission and to the managers and officers of the State Hospitals, its appreciation of the friendly spirit in which the co-operation of the Association has been welcomed, and of the many courtesies extended to members of the Association in connection with their work for the promotion of the welfare of the dependent insane of this State.

For the Board of Managers,

HOMER FOLKS

Secretary

MARY VIDA CLARK

Assistant Secretary

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REPORTS OF VISITORS TO STATE HOSPITALS

UTICA STATE HOSPITAL

At present the Association has no visitors to this institution. The hospital was visited by the Assistant Secretary, September 4th and 5th, 1907. The capacity of the hospital has been somewhat increased by the new quarters for ninety women patients, fitted up in the space in the main building recently vacated by the superintendent and staff, for whom houses have been built. The accommodations thus provided are very attractive and comfortable. The lower floor is operated on the open door system, and is within easy reach of the pleasant grounds on the side and in the front of the main building.

The new home for nurses will be able to accommodate 100 this fall, and will release a considerable number of rooms for patients. The third floor will be fitted up later to accommodate fifty more. If the contract for the top floor had been let at the same time with the others, the work would probably have been done for much less money. Such delays are neither wise nor economical. The new reception building for 100 acute cases is well under way, and ought to be done next summer. It is pleasantly situated at some distance from the main buildings, and can be reached directly from the street without going through the grounds of the hospital. It is within easy access of the new home for nurses, which stands between this building and the main plant.

The farm is doing very well this year, though it is generally considered a bad year for crops. The land is very fertile, but is quite insufficient in amount. The total acreage is 455, but about 100 acres are required for buildings, lawns, roads and other purposes, so that the amount available for agriculture is less than 350 acres. There are some sixty acres of land immediately adjacent to the hospital property, and surrounded on two sides by it, which would be extremely desirable for the State to possess. Unfortunately the acquisition of this property has been delayed until its value has risen almost to that of city lots. The hospital rents about 100 acres at about a distance of a mile. It also rents a piece of woodland, which with the farm connected with it, would be a

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desirable purchase. The farm colony house called Gracycroft, accommodates thirty-five men and fifteen women, and the men here do most of the work on the large farm adjacent. The hospital raises all its vegetables except potatoes, of which it would like to raise more. All the milk used is raised, but the supply is not sufficient except for a few months in the year. The herd, which now includes eighty-six cows, should be increased. The hennerly, with about 1,000 chickens at the present time, should also be increased. A brooder is especially needed. The farm colony cottage called Dixhurst, which was formerly rented and occupied by women, has been given up. This seems a desirable piece of property for the hospital to control, and it would seem wise either to rent or to buy this place which immediately adjoins Gracycroft. Across the road, which runs in front of these cottages, the hospital owns a large corn field, through which run the tracks of the West Shore and the Ontario and Western railroads. It would seem as if one of these roads would be glad to run a switch on to the hospital property for the sake of the advantage it would secure in transporting hospital supplies. Such a switch would probably be a great economy, for at present supplies are carted to the hospital at considerable expense, the price of the haulage on coal alone being twenty-five cents a ton.

With the additions to the capacity of this hospital now being made, it will probably accommodate nearly 1,500 patients in the course of another year. To provide sufficient out-door employment for this number of patients, the hospital should have a considerable increase in its land, and better equipment of the farm, garden and dairy departments. As the estimated value of the farm and garden products during the year 1906 was \$25,500, an increase in the efficiency of these departments would probably result in financial saving to the State as well as in increased and improved methods of occupying patients who require out-door work.

WILLARD STATE HOSPITAL

There is but little of criticism to be offered regarding operations and conditions at Willard State Hospital during the past fiscal year. There still continue many necessary things which should be brought about, and which, if effected, would subserve the best interests and promote the efficiency of the institution and be in the direction of a wise economy. The Lunacy Commission

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has executed many important changes for the better and no doubt will bring about many others, if the Legislature shall provide the means.

There is, however, one condition prevailing at the hospital which offers, in our judgment, an opportunity for correction. We refer to the great consumption of coal. The chimneys of nine steam plants give forth great volumes of smoke, nearly all of them during the day and most of them during night and day for eight months of the year. The bills for fuel and light the past year are \$34,695, which makes an excessive cost of more than \$15 per capita. It is most desirable, if possible, that such an expense be lessened in every allowable way.

A method of saving here suggests itself as one that might be found practical in operation. Experiments should, we think, be instituted looking to the use of aero mills for producing through dynamos an electrical current to furnish heat, light and power. A wind-mill large enough to actuate a large dynamo could easily be erected on the summit at Grand View and near it a building for a storage battery; and it is believed that from the storage-house a current might be drawn sufficient to provide for at least one of the three great essentials of light or heat or power. Power is all that is required. And upon that breezy hilltop the vanes of a wind-mill would not often be idle.

The fact is familiar to all that in Holland the highly important work of lifting out the water that seeps through the dikes from the sea is done entirely by wind-mills. As a daily average force, the wind can be relied upon throughout the year, as ascertained from the accumulated experiments of decades (and indeed of centuries); and the problem has been the simple one of providing enough wind-mills for performance of the task. During the latter part of the last century, when the great works were undertaken of draining certain extensive tracts and reclaiming them permanently from the ocean to be tilled and inhabited, the principal if not the sole source of power to effect this purpose was in the wind-mills erected for this use.

It would not require a very great outlay to make the experiment; one large mill, preferably patterned after the style in Holland (very effective even if old-fashioned) would no doubt amply suffice for the purpose. It could be attended by night as well as by day, in this respect costing no more and probably much less

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than a steam plant, and during the night a great volume of the current would be accumulated.

One of the largest wind-mills in Holland performs the duty of raising 10,000 gallons of water four feet high in one minute. In a general way, it would appear to us as unprofessional laymen, making no claim to any knowledge of hydraulic engineering, that the equivalent of such a duty, if rendered into an electrical product, might be at least as much as would suffice for the whole lighting service at Willard.

A. B. HOUGHTON

MARVIN OLCOTT

JOHN H. OSBORNE

HUDSON RIVER STATE HOSPITAL

Your committee has during the past year made different visits to the hospital and inspected the condition of the same and of the inmates. Every facility has been placed at our disposal by Dr. Charles W. Pilgrim, the Superintendent, and both he and his assistants have been both frank and free in affording us all information relative to the patients under their charge, and the facilities and needs of the hospital.

The grounds are kept in a neat and attractive condition and have evidently received a good deal of attention, and the new rustic fence or paling on the Post road is nearly complete. Together with the new roadbed, it presents a very attractive appearance and one befitting the frontage of a State institution. A much-needed addition to the outside lighting has also been made.

The interior of the different wards, and the condition of the patients show every evidence of conscientious effort on the part of the staff and the different employes to keep the hospital in a clean and sanitary condition, and to promote the comfort and well being of its inmates.

The population of the hospital is now more than 300 over its certified capacity, which makes it necessary to use the fourth floor on the men's wing, and the alcoves in the nurses' quarters on the third floor of the south wing, for patients. Several of the smaller corridors also contain beds. This condition of overcrowding will be overcome upon the completion of the two new buildings which are now in course of erection. They are both enclosed, and the contract calls for their completion early in the spring, but experi-

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ence shows that delays always occur, and it will probably be summer before they are ready for occupancy.

The quarters formerly occupied by the superintendent and staff have been in use as wards for patients for some time. They furnish accommodations for one hundred, fifty on each floor, and make very attractive and comfortable wards.

The two new wards at the Central Group for infirm men were opened last February and have been found very satisfactory for the class for which they were intended. These wards are in charge of women nurses and are managed like the wards of a general hospital, with a male attendant or orderly to do the bathing and the heavier work which cannot be done by women. Women have been employed on the men's wards of this hospital to some extent for several years, but in the management of these wards a distinct advance has been made and the results have been very gratifying from the standpoint of both the patients and the management.

The new amusement hall has been finished and will be formally opened very soon. It is a commodious and attractive building and will undoubtedly fulfill a very useful purpose.

During the winter a beautiful chapel, a gift obtained through the efforts of Father Casey of the St. Andrew's Novitiate, was consecrated and turned over to the hospital for the use of the patients and employes. It is a very useful addition to the hospital and is a source of great comfort to the Catholic patients.

Considerable furniture has been added to several of the wards and their attractiveness has been thereby increased.

The most urgent needs of the hospital now seem to be a nurses' home at the Main Group, an operating pavilion, a staff house, an addition to the main kitchen, sun-rooms on several wards, and larger porches at the cottages. Of course, there are many other needs which cannot be mentioned here but which will undoubtedly receive attention in the annual report of the hospital authorities.

Some of these suggested needs are now being furnished, viz., the addition to the nurses' cottage at Central Group, the enlargement of the laundry building, the sun-rooms on Wards 3, 7 and 11, and the changes in the old amusement hall which are all under way at the present time.

E. D. BININGER
FRANK B. LOWN
LEWIS R. PARKER

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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

One inspection of the hospital was made by the whole committee on October tenth, and another on October eighteenth by the ladies of the committee.

The visitors were unannounced, and every facility for inspection was afforded by the medical superintendent, Dr. Ashley, and the first assistant physician, Dr. Woodman.

The total number of patients on October tenth was 1,338, being nearly ten per cent more than the normal capacity.

The usual cleanliness was found throughout the hospital, and the ventilation in all the wards visited was excellent, except in Wards 28 and 29, used for acute agitated male patients. At the time of the second visit, October eighteenth, there was a bad odor from the lavatories which permeated the entire Wards 28 and 29. This was presumably accounted for by the irregular habits of the inmates, but was in marked contrast to the other wards.

The system of open wards continues to be a successful feature of the treatment for all those patients whose condition warrants it, and as many as possible are given employment of some form in the various departments of the institution.

The kitchen, storerooms, cold storage, bakery and laundry were all visited and found to be in a satisfactory condition.

Considerable attention and care is given by the hospital authorities to the entertainment and amusement of the patients, both in the hall used for the purpose and elsewhere. These entertainments are so popular with the patients that the capacity of the hall has become entirely inadequate to supply seats to all those wishing to attend, and we cordially indorse, therefore, the application which has been made for an appropriation to increase the size of the present hall.

The principal new feature of the hospital is the nearly completed building for chronic cases, which is designed to accommodate 500 patients, at a cost of \$200,000.

The committee felt some doubt as to whether the system of housing as many as fifty chronic patients in a ward were a wise one, and whether it would not have been a wiser plan to have arranged the building for smaller groups. The ceilings, of all except the basement floor, seemed to us rather low. In other respects the interior appeared to be successful.

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As to the unfortunate result of the exterior of the building, however, we feel no doubt whatever. With this large sum at his disposal the State Architect might have produced a building which would have been an ornament to the institution. As it is, however, the general effect is that of a prison or factory, and the architectural defects of the pretentious portico are so glaring as to be quite unworthy of the State of New York. It is a subject of regret that greater supervision should not be exercised over the architectural effect of a building of this kind, where so large a sum of the taxpayers' money is expended. It is only fair to say that the design was not made by the present State Architect.

In front of this building is the old stable, which is intended to be used as a workshop. We strongly recommend that it be moved to some other site, in order to give a more open space in front of the chronic building.

In conclusion, we take pleasure in testifying to the appearance of order, quiet and comfort which are in evidence throughout the hospital, and we feel that the Medical Superintendent is prompted by a conscientious recognition of his responsibilities, as well as the executive ability to satisfactorily perform his many duties.

ALICE KNEELAND MUNROE

D. C. McMONAGLE

H. K. WILCOX

SUSAN TUCKERMAN

PAUL TUCKERMAN

BUFFALO STATE HOSPITAL

We wish to express our thanks to Dr. Hurd and every member of his staff for the kindness and courtesy with which they have always met our committee, and the unfailing efforts they have made to assist us in thoroughly fulfilling the duty which we were appointed to perform.

We have made many visits at irregular times, and have always found the hospital in excellent condition. We have often tested the food, finding it of good quality, the essentials being served in plentiful quantity and many appetizing additions made to the necessary bill of fare. The cleanliness of the kitchens and pan-

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tries is above reproach, and we are sure that the material welfare of the patients is in the hands of those who consider it a duty to make it their first care.

The remedial agency of employment is well understood. The women are encouraged to knit, crochet and sew, many of them selling their products or presenting them to their friends. The women teach one another how to do fancy-work and thus are led from the constant introspection that is the bane of a diseased mind to an altruistic interest that cannot fail to have a good effect.

The men have many things to do; shoemaking, tailoring, broom and mat-making, some of the laundry work, besides games of chess, checkers and cards, when out-of-door sports are forbidden by the weather. The rooms now used for the tailor and shoe shops are needed for engine and boiler rooms, so that new quarters must be provided for the tailoring and shoemaking.

The new amusement hall has proved the necessity of its existence by its free use, and few cases are recorded of refusal by the patients of the privilege it affords. The old hall, in one of the upper stories of the main building, was approached only by winding stairs which might have been the cause of a great disaster had a panic occurred when the room was occupied. The new hall opening on the ground by many doors allays any fears as to what might happen when so many persons of disturbed mental equilibrium are gathered together.

We believe that the service at the hospital is as good as could be procured for the prices that the State pays for such service. The difficulty is great of securing the right kind of help, with all sorts of business plants advertising for girls and offering greater wages for inexperienced helpers; and the State, in competition, must offer enough to secure the best, because the service required of these who enter the hospitals is of the most exacting kind. A nurse in a State Hospital should have the self-control and poise of character that would command the respect and confidence of all her patients; and we believe fewer stories of cruel treatment would be published by the newspapers if superintendents could have the selection from many applicants drawn by the promise of lucrative positions. The class of attendants has greatly improved during the last few years, but there is still room for intelligent men and women who would make a life profession of devoted service to the cause of these most unfortunate wards of the State.

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There is no position that calls for more judgment, development of character and breadth of view, added to sympathy and kindness of heart than that of nurse in our State Hospitals, and they should command at least fair remuneration.

Comparatively few patients are seen who are under restraint. The restraining sheet is used as a last resort, but the endless sleeve is a more common and less uncomfortable way of preventing vicious use of the hands. Sometimes patients are locked in their rooms, from which everything has been removed with which harm to themselves could be done. We have noticed that few patients are restrained in any way and that they enjoy all the liberty possible compatible with the ultimate reason for their presence in the asylum,—their recovery and restoration to the activities of the world.

The fact that Buffalo is a conservative rather than a metropolitan city, probably accounts for the fact that the problem of after-care of the insane has not been so great as in other hospitals. The patients usually return to their families when discharged, or friends look out for their welfare. The superintendent has assured your committee that it is a very rare thing for a person to be discharged from the Buffalo State Hospital who has not a suitable home waiting to welcome him to its care and protection.

Since the completion of the buildings reported last year, the superintendent, staff and nurses are provided with accommodations that are commodious, comfortable and fitting for those who are serving a great State. There is no longer an apology necessary when a stranger is introduced to the hospital. We are promised a consumptive ward, placed on the highest point of the grounds, in the near future, which will remedy the worst feature of the hospital, and a dining-room for the reception pavilion, a much-needed improvement, is already almost an accomplished fact.

The needs of the hospital, however, are still many. A conveyor for coal was mentioned last year in our report as a necessity to relieve patients and attendants from the unpleasant duty of shoveling coal in the severest part of the winter; and railroad track scales would very soon pay for themselves by enabling the authorities to buy coal at their own weights, instead of the bulk weighing at the mine.

Another need should appeal to all who believe in the sanitary effect of out-of-door exercise, that is, walks that would enable the

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women patients to enjoy that privilege during inclement weather. The present walks are so constructed that they are so bad in damp weather that the women can have their daily walk only at the risk of health, being exposed to colds with all their attendant evils. Additional verandas to Wards "3," "4," "5" and "6" are needed, that those who are too feeble to walk on the grounds may also have the fresh air.

The steward's house is very near the most disturbed wards of the women's department, so near that in the summer when windows are open, the noise in those wards is distinctly heard in the steward's home. He has a family of children, and as there is plenty of room on the grounds other accommodations should be provided. He is a most conscientious officer, and one whose place it would be exceedingly difficult to fill.

The hospital at the present time is not crowded. An atmosphere of tranquility pervades most of the wards. Patients cluster around friends who are members of your committee, but few complaints are ever made, and they seem to realize that everything possible is done to help them to regain their health.

FANNY H. BARTOW

C. SUMNER JONES

ESTHER K. McWILLIAMS

GEORGE A. LEWIS

ADA M. KENYON

BINGHAMTON STATE HOSPITAL

Our most recent visit to the hospital was made on the morning of October twenty-second. After a few minutes' conversation with Dr. Wagner in his office he invited us to go in his automobile to the outlying colonies. After a short call at the power-house we went to "Parkhurst." The sunny morning showed everything at its best, but we were at once struck with the need of having work which had been stopped in its early beginning resumed as soon as possible, for a house accommodating ten people cannot be warmed much longer by one small stove, and toilet-rooms, lighting and finishing are also needed. To make this building complete, the wish of the superintendent to build an addition in the rear, so that

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the house accommodate twenty-four, seemed to us the best economy. The stone silo, the main barns, and the principal dairy are on this place, and a large force of working patients is needed near by. We found the cow stable a model in its equipment for light, cleanliness and ventilation, and no less admirable in its way is the barnyard in the southeast angle of the building. One section of this building has been made from the old wagon-house and horse stable; the roofs are of different height and newly slated. An ice-house is needed here, so that there may always be a plentiful supply of ice for this large dairy.

Our next visit was to a cottage occupied by patients who are farm laborers. Here, as everywhere else, everything was scrupulously clean. The dormitory windows were all wide open; the bedding all neatly folded, and the beds left to air all day.

And then to "Morningside," where forty women occupy a pleasant, homelike cottage, where there seemed to be nothing lacking that could conduce to their comfort, except a rebuilding of the veranda which is badly worn.

And finally to the pig pen, another model building, where we saw pigs of all sizes and ages. But the doctor wants more pens and more pigs, and why should he not have them, when there is material going to waste which might be utilized for food for the pigs, and when the patients enjoy eating pork.

This automobile ride made us fully realize what a great advantage it would be for the institution to own an electric truck large enough to carry several tons of freight, principally for bringing goods from town and incidentally distributing them when needed through the colonies. Also in watching the unloading of immense loads of potatoes, 7,500 bushels of which have been raised this year, we could plainly see the need of much greater storage facilities.

Returning to the main settlement we visited "Broadmoor," the new building which will accommodate 650 chronic patients. This building is complete and most of the furniture is in. A physician's residence is needed in this immediate neighborhood, and by remodeling the house now occupied by the farmer and building a new cottage at moderate cost elsewhere for the farmer, this necessity could be supplied.

We came into our first contact with a large number of patients when we entered "Edgewood," the tuberculosis building. We were surprised at the comfortable appearance of the inmates, but

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when we had fully taken into consideration the opportunity furnished by their large piazzas for fresh air and sunshine, by their many windows for getting all the light when indoors, and there is added the fact that they are furnished four and five meals a day when necessary, we cease to wonder.

Just as the midday meal was being served we entered a dining-room which seats 150 patients. No gathering of that number of people of any class could have been more quiet and orderly. Passing from this room into one where eighty people were seated we noticed, at a corner table overlooking the entire room, four empty chairs, and immediately we begged the superintendent to waive the formality of a visitors' lunch and join us at that table. Perhaps we cannot better make you understand the quality of our meal than by saying that had we chosen the same menu for our home tables we should have had nothing better than here. The quality of everything was right. Circumstances make it possible for us to know whereof we speak, when we say that the average laboring man does not have so good a dinner as that seven days in the week.

After dinner we were interested in looking through the green-houses, bakery, laundry and various workshops. We could see the need of an additional surgical building and chemical laboratory, the latter to be used largely in analyzing products of everyday consumption, such as coal and lubricating oils, to determine their economy in use. We could also see that owing to a constant need of carpentry, a supply of seasoned lumber should be always on hand, and this can only be accomplished by having a drying-kiln of their own. The cold-storage plant interested us greatly, but it is not large enough for present needs.

The last hours of the day were spent in going through the general wards. Everywhere cleanliness, order, comfort and improvement were in evidence. The large bathroom fitted with a variety of special baths to be used in selected cases has proved to be of great benefit. In one of the violent wards were several potted plants in earthen jars. They have not been disturbed since they were placed there. There are couches and easy chairs and bright rugs in abundance, and reception rooms where patients can see their visitors.

There are 1,591 patients: 734 men; 857 women.

The great impression made upon us from the beginning to the end of the day, was that we were looking upon a well-oiled,

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smoothly running machine, with a master-mind for its operator. There was harmony everywhere between superintendent, staff and attendants. Courtesy and toleration was always shown to patients. This does not mean that there is a stopping place anywhere. Life means always improvement and growth. But in a day where there must be necessarily much that is unpleasant to face, your committee found great interest and satisfaction.

CLARA A. HOLMES

FRED H. HASKINS

CHARLES E. LEE

ST. LAWRENCE STATE HOSPITAL

Since our report of a year ago, there have been few changes of special importance in the St. Lawrence State Hospital. We are glad again to commend the neatness and order which prevail in all departments, and it is unnecessary to say that the conditions noted, and which cannot fail to have the approval of every visitor, could not exist without a good organization, and competent management. Dr. Hutchings gave up practically the whole day to the committee, and was very ready to go into details and make plain to us anything we wanted to know, which related to the institution.

The new Catholic church, in process of construction last year, is now completed, and is an ornament to the grounds, and its interior arrangements and decorations very pleasing to look upon. The expense of its establishment was all borne by the church it represents, and the services, we are told, are very welcome and well attended by the patients. The building, upon completion, became the property of the State of New York.

We noted that Group 3, where the most disturbed patients are cared for, and which was originally intended for women only, has been appropriated partially to the use of the male patients, because of lack of other room to place them. The arrangement seems quite undesirable in every way, and particularly as it affects the dining-room, which is entirely inadequate for the number of patients.

We were glad to note how many patients were employed in various ways, and the many different kinds of work that are possible in such an institution. Very creditable furniture was

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shown us, all made on the premises. Then, too, there was a considerable amount of outside work being done entirely by patients with only one attendant in charge of each group, and aside from its economy, it must be well for those so employed.

As regards the matter of food supplied in the institution, it seemed to be ample, well-cooked, and of good quality, and the attendants, as far as we were able to judge, kind and efficient.

We are glad to refer again to the building called "Inwood," devoted entirely to the care of tuberculosis patients. Its use gives evidence of the need which called for its establishment. We cannot refrain from again suggesting that it is due to the nurses employed in this particular department that there should be provided a separate building for their hours of sleep and rest.

We regret the mistaken economy that suggested the cutting down of the appropriation for maintenance of patients. Notwithstanding the increased cost of all supplies, and the extra cost of maintaining the tubercular patients, the Legislature appropriated only \$174 per capita for this purpose for the coming year. Considering that the cost of maintenance has risen from \$182.65 in 1906, to \$190 for the year ending September 30, 1907, it would seem that an almost impossible task has been imposed on the officials to supply proper food and care, with a decreased appropriation and a constantly increasing price for supplies. Conceding the moral and legal obligations undertaken by the State in the care of the insane, it would seem a mistaken policy to curtail the expenditure below a point that experience and careful management has demonstrated as a minimum.

We would renew the recommendation made last year for the purchase of additional land for the farm. The reasons which seemed apparent then are even more so now. Although there is an average of ninety-four cows being milked, and enough milk obtained during the early grass season, at the date of this report and for some time past, 300 quarts are bought daily. It would seem to be good business policy to have sufficient land to maintain a large enough herd to provide sufficient milk of a known good quality at all seasons. Added to this would be the benefit of providing work, of an agreeable nature, to a larger number of patients.

Considering the importance that is now attached to the health of cows providing milk for food, and the recognized danger of imparting tuberculosis from infected milk, it would seem necessary in a public institution, maintaining a tuberculosis ward, that great care

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should be exercised as to the quality of the milk used. We find, however, that there is no provision made for the testing of milk purchased, and that the herd, belonging to the hospital, has not been tested for ten years. The stables, while kept as clean as is possible, are by no means up to the modern requirements as to construction and sanitary arrangement. So that it would seem to be quite possible for much of the good work that is assuredly being done at "Inwood," to be nullified if the milk, which forms such a large portion of the food furnished the patients there, is in danger of infection from unhealthy cows. It would therefore seem necessary that frequent tests be made of the hospital herd, that all milk purchased be tested, and that the present stables be either put in perfect sanitary condition or new ones provided with the latest and most approved appliances.

One of the improvements we noticed was a very complete operating room. To the layman it seemed quite perfect in its arrangement and appliances. Among the conveniences recently established is a postoffice, known as Sub-Station A; also a new barber shop, well equipped and more conveniently located than the old one.

Generally speaking, the buildings, grounds and everything relating to the St. Lawrence State Hospital had the appearance of being excellently managed, and doing well the work for which it was established.

The number of patients on October 1st, was 1,817; attendants, 170; employes, 199.

G. W. KNOWLTON

GERTRUDE S. E. KNOWLTON

ANDREW IRVING

ROCHESTER STATE HOSPITAL

The visitors to the Rochester State Hospital have endeavored by personal visits during the past year to keep themselves as well informed as possible as to the condition and management of the institution. We have given our attention especially to the following particulars:

The Buildings.—These are generally in good order. Some defects in the original construction of the new buildings, especially

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in the bathrooms, are being remedied as rapidly as appropriations can be obtained. These repairs are so imperatively necessary from a sanitary point of view that we urge most carefully that they be made without further delay. The expense is trivial compared with the sanitary necessity of the case. The medical staff must be annoyed by existing conditions which could in a few weeks be completely remedied.

The Medical Staff.— We have endeavored as far as possible to cultivate a personal acquaintance with all the members of the medical staff. Realizing the caution which laymen should exercise in judging critically the work of trained experts, we nevertheless feel impelled to express our admiration of their devotion to their difficult and delicate task. We note with particular satisfaction a feature of which they may perhaps themselves be wholly unconscious, the humane and kindly spirit which seems to pervade all their work—a quality quite distinguishable from merely professional interest and scientific zeal. The reflection of this trait we think we notice in the trustful and confiding way in which we see the patients approach the medical officers in their visits to the wards.

The Patients.— More interesting to us than either buildings or medical staff have been the patients who constitute the nucleus of the institution for whose welfare buildings are erected and physicians and nurses are educated and trained. The capacity of this hospital is thirteen hundred, and during most of the year the number of inmates has been equal to the capacity. We have been most favorably impressed with the care exercised in receiving new patients, averaging one for every day of the year, and in making a thorough diagnosis, including the history of each case. This is a task which often taxes the alienist's skill to the utmost, and in some cases requires a long period of observation. The diagnosis being established, a rational classification of this great number is possible and constitutes a basis for their better medical treatment and for the consideration of their personal comfort. This feature of the hospital service meets our hearty commendation, and we can offer no suggestions for its improvement.

We have endeavored, so far as we are competent, to study all the elements which make up the environment affecting the physical comfort of the inmates and the alleviation of their malady, such as the following: Their personal appearance as to nutrition, the

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quality and condition of their clothing, the heating and ventilation of the wards in which they spend the entire day, the facilities furnished for bathing and personal cleanliness, the chairs and lounges of the wards as to whether they are comfortable, the dormitories and separate sleeping rooms, the quality and cleanliness of the beds and the care taken of them, the quality of the food and the manner in which it is kept in store and prepared in the kitchens, the dining-rooms and their service, the laundry and other means of cleansing the bedding and clothing, the making and mending and storing in closets of the clothing in such a systematic way that it is possible to produce at a moment's notice any garment belonging to any one of the thirteen hundred patients.

Many of the patients are sensitive, and their comfort is largely affected by the personal manners and qualities of the men and women who minister to their wants day and night as nurses. These are not mere hired servants. Largely they are persons whose native taste has led them to choose this vocation. Largely, too, they are graduates of the training school of the hospital whose instructors are members of the medical staff. We have been pleased to note their personal neatness in dress, their gentle and kindly manner toward the patients, and their courtesy toward visitors. They seem to regard their work as professional, and respect it as such. We wish to place on record here our opinion, formed on several years' acquaintance with this hospital, that no private home, however elaborate and luxurious in its equipment could furnish to an insane person an environment so favorable to his general comfort and improvement.

The Training School for Nurses.— We have been deeply interested in the work of educating nurses for the hospital. We are convinced that one of the chief reasons for the immense superiority of the modern hospital for the insane is found in the substitution of scientifically trained attendants for hired servants. The modern nurse is necessarily of more than average intelligence to begin with. Otherwise he would not have been admitted to the training class. He has been able to pass acceptably his period of probation, to complete a prescribed course of study especially adapted to this kind of work and continued for three years when he is graduated. The graduation of the nurses is made a public function of the hospital in the assembly hall at which many visitors are always present.

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The Nurses' Home.—We wish to commend the policy of providing an attractive building quite apart from the hospital proper as the nurses' home. A certain amount of nervous tension is unavoidable by the faithful nurse, and it is a wise economy as well as sheer humanity to provide a place where the rest period may be passed quietly apart from the sights and sounds of the wards. The home is comfortably and attractively furnished and is greatly enjoyed by its occupants.

The Lakeside Farm.—This farm on the shore of Lake Ontario, in our opinion, continues abundantly to justify the wisdom of its purchase and establishment. Each summer gives new evidence as to the beneficial conditions afforded to certain cases from a short separation from the throng of the wards in the greater quiet of a rural home. For many, about to be discharged as cured, it is a happy half-way house to the home on the farm, still more quiet and solitary. The work of the farm is carried on almost entirely by farmer patients for whom such supervised occupation is highly salutary. Incidentally a most acceptable summer outing is afforded to the nurses, who succeed each other in relays of a fortnight's duration, whereby they obtain a change of scene and air without loss of time or expense. The farm consists of arable land, orchard and pasture over-looking Lake Ontario, and with its old-fashioned farm-house is a most attractive place.

Occupation.—Aimless idleness is a condition of life probably no more to be desired for the insane than for the sane, and we have been led to study the question of furnishing occupation for the patients. The problem is surrounded with many difficulties. It would be unsafe to put tools and machinery in the hands of the disturbed patients. The occupation to which one has been accustomed at home it may be impossible to supply in the institution. For some, as in the world outside, no kind of occupation has any attraction. Fortunately a great institution like this has a great variety of wants and consequently is able to offer many kinds of industry. The plan here pursued seems to us equally wise in its therapeutic and economic aspects. A large proportion of these people have been accustomed at home to some form of useful industry, and many of them are quite willing to work and some are eager. According to their physical strength, previous training and taste, it is easy to find acceptable occupation in some of the departments of the hospital, such as the laundry, the kitchens and

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dining-rooms, general housekeeping, making and repairing clothing—over nineteen hundred dresses were made last year—for the women, while for the men are such indoor occupation as the tailor ship, the shoe shop, the cabinet shop and the heavier work about the laundry and bake-house, and such outdoor work as is offered by the farm, the garden, the care of the horses, cows and other livestock and by the care of the grounds. We have been interested to ascertain if any compulsion to work is exercised, and also to find if those who work regard it as drudgery. The fact that these people are insane complicates the problem, but we believe that while all are encouraged to work there is no compulsion, and to those who work it does not seem distasteful. Of course many of the patients are very old and many others are physically infirm, still a very large number we always find busily occupied. Here as elsewhere the tastes of the patients are carefully considered. A young woman wishes to draw and paint. Pencils and water colors are furnished and she is made happy. Another woman is a weaver of rugs and longs for her loom. One is made for her and she not only makes rugs but takes great pleasure in teaching others to prepare the materials and to weave, and so the long days are shortened and made happy.

The Annual Fair.—Every autumn a day is set apart for an exhibition of the handicraft of the inmates, and a most interesting occasion it is. The amusement hall is filled with a most varied collection of useful and fancy articles. The men are represented by a display of farm products quite suggestive of an agricultural fair, while clothing, shoes and cabinet wares come from the shops. The women contribute useful and ornamental products of the needle in great profusion, also not a few attempts at art, some of which are very good and some very crazy. All patients whose mental condition warrants the freedom are allowed to attend the fair. They throng the hall all day, and so great is the interest they show in examining the various exhibits, and such the spirit of cheerfulness and gayety pervading the company that it is hard for one to believe he is in the company of insane people. To the visitor such an experience often makes the dividing line between sanity and insanity seem very narrow.

Recreation.—Much consideration has evidently been given to the amusement and diversion of the patients. Special difficulties are encountered in this effort since many of the ordinary forms

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of amusement do not strongly appeal to them. We notice that the billiard tables and chess boards are often unoccupied. We seldom see any one at the piano, or if there is a player her music attracts little attention. There is a library well managed, but few readers. Books and magazines are in little evidence about the wards. Still for the sake of the few whose gloom is brightened by any of these means the care expended is well justified.

The annual field day, however, seems to be far more generally attractive. So far as possible the wards are emptied and the athletic field presents a really holiday aspect. The fantastic costumes in which many of the patients array themselves shows that the day had been anticipated with great interest. All the usual "field sports" are on the program, which is carried out with every indication of enthusiasm and enjoyment.

Musical and dramatic entertainments are frequently given in the hall by amateurs from the city. This hall was built many years ago, when the population of the hospital was much smaller than it is to-day, so that it is now entirely too small. Its space could be readily converted into other important uses, and we urge that a new and much larger hall should be speedily erected.

Mortuary.—In such an institution as this a large number of deaths must occur every year—on the average two a week—and, without entering into details at all, we assume every one would recognize the necessity of having a suitable detached building with every convenience for the proper care of the dead. We are surprised that no such building exists, and urge its immediate erection.

The Superintendent's House.—In other similar institutions we find houses apart from the hospital buildings provided for the Superintendent, but this hospital, we regret to say, furnishes its chief officer only with apartments in the administrative building. It seems to us that the same arguments which have been advanced in favor of a separate home for the nurses apply with many times redoubled force in favor of a separate, quiet and thoroughly comfortable house for the man who bears so heavy a load of responsibility every day and hour.

The Superintendent.—In all our visits to the hospital we have endeavored to maintain the attitude of frank but friendly critics of every thing which pertains to our functions as visitors authorized by the Supreme Court. As to the Superintendent, we have

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endeavored to appreciate the measure of his multiform responsibilities and the spirit in which he discharges them, and now at the end of another year's acquaintance, when we pause a moment in closing our report to think of the vast household under his care with its thirteen hundred patients, its medical staff under his personal direction, its corps of trained nurses and its army of subordinate employes, his relation to the State and to the general public, we cannot refrain from expressing our admiration for the distinguished executive ability, the patience and the tireless industry which keeps this vast organization in harmonious operation. On all occasions our visits have been most courteously and cordially received and the fullest opportunities afforded us for investigating every department of the hospital.

S. A. LATTIMORE

LILLA MUNSON MORGAN

MARY B. MURPHY

LONG ISLAND STATE HOSPITAL

The management of the Long Island State Hospital has made it attractive and neat, and it gives evidence of wise and faithful care.

The reduced appropriation has been met by maintaining the standard of food and essentials for health, curtailing in office assistants and things not so vital from a medical standpoint. However, it seems a pity that church service should be held but once per month.

Few realize the disadvantages under which the doctors and nurses work; practically the hospital is a county lunatic asylum, with the poor equipment of such an institution.

During the twelve years of its lease to the State, no improvements have been made to the plant. It is expected that the State will shortly acquire title to the property, and we earnestly recommend that grants from the Legislature be secured for

1. An amount sufficient to make proper alterations, repairs and additions to the main building, with

2. Provision for furniture for employes' quarters, wards of the main building as reconstructed, the staff-house and Superintendent's house.

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3. Additional equipment necessary for new kitchen and new laundry.

4. Equipment for shops, including lathe, band saw, rip saw for carpenter's shop with all connections.

5. Electrical apparatus for diagnosis and treatment.

6. New plants and shrubs for the grounds and water lines for their preservation.

It is with a feeling of deep regret the committee questions whether any section of the State so inadequately houses its insane.

ALBERT J. NEWTON

GRACE NEWTON DANA

KINGS PARK STATE HOSPITAL

The hospital at Kings Park is greatly overcrowded. The patients are obliged to sleep in the corridors and the living rooms, which, to say the least, tends to unhealthy conditions.

The State ought to build largely enough at Ward's Island, Kings Park and Central Islip, so as to accommodate all the insane of New York and adjacent counties, including Long Island, and obviate the wrong, injustice and cruelty of sending as many as 400 up the State, to Middletown, Binghamton and other hospitals. It is not fair to their relatives and friends, to be separated from them at great distance, nor to themselves to be obliged to take a long and painful trip, just because the Commission in Lunacy builds in some districts, notably the upper country ones, more largely than the districts warrant, and allows overcrowding and congestion at Kings Park, Central Islip and Manhattan, by not putting up new buildings. Just while I am writing the Superintendent has been ordered to make ready 200 patients for transfer to Binghamton, N. Y. The Superintendent is trying to send 200 who are never visited—200 without friends or relatives. It seems that there are not 200 without friends or relatives. But 200 must go, and just as soon as they are picked out for transfer their friends pounce down upon the Superintendent and make his life miserable.

This transfer system, whereby a patient is transferred from one district to another by the arbitrary dictum of the State—sometimes a distance of 200 miles—should be abolished, and I hope sincerely

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that the Charities Aid will take it up and remedy the great wrong done patients and their friends and relatives.

Another hardship which affects not alone the relatives and friends of the patients, but the employes as well, is the doing away of a rebate ticket and compelling them to pay the regular excursion fare. It means the difference between \$1.20 and \$2.20, considerable for people of small means, as employes are always, and not infrequently patients, relatives and friends.

For one day only has the Long Island Railroad modified its new ruling, and allows an excursion train to be run from Long Island City for the hospital only, leaving in the morning and returning the same afternoon, at the old rate of \$1.20 for an excursion. The broader policy of issuing always these reduced rate tickets will help to make the attendants happier and more contented, as they almost all hail from New York, and help to secure a better class of employes.

The hospital has many needs, as the report of the Board of Managers will reveal. It needs greatly a chapel and new amusement hall. The *esprit de corps* between the staff and employes continues excellent. The State's wards and unfortunates are in good hands.

JOHN C. YORK

MANHATTAN STATE HOSPITAL

The visitors have devoted themselves largely to the work for the after-care of patients discharged recovered, and have visited the hospital chiefly in connection with the organization and maintenance of this work, rather than for purposes of general visitation and inspection. The absence from the country of some of the usual visitors, for a considerable part of the year, has also served to interrupt the visitation of the hospital. Some visits, however, have been made, and the visitors have noted with gratification, the continued increase in the efficiency of the different departments.

The hospital has been greatly overcrowded during the year, and is still much more so than any other State Hospital in the State. The only additions to the accommodations which are being made are frame and glass pavilions, one in connection with the reception service and one larger pavilion devised to accommodate women patients suffering from pulmonary tuberculosis, who are now

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unsatisfactorily cared for and considerably overcrowded in the old brick building, which was made over for this purpose some years ago, and which, while an improvement on former conditions, has never been entirely satisfactory. It seems doubtful whether such cases should be retained on Ward's Island. This is a class of patients who might very well be transferred to Central Islip, where the climate is milder, if a group of pavilions could be established there for such cases. It is felt that Central Islip, with 1,000 acres of land, might have established a colony for tuberculous patients where they could be sheltered by the pine woods and could live a healthful outdoor life without danger of overcrowding. The accommodations which they occupy on Ward's Island are needed, and could be used for other classes of patients.

The attention paid to entertaining patients is a matter of great interest, and one that deserves much commendation. Some of the entertainments during the past year have been attended by visitors of the Association who have been astonished by the elaboration of these affairs. Under the able direction of the matron, patients are selected to take part in these entertainments and carry out their part with surprising cleverness. The exhilarating effect of the pretty costumes, and the success of their performance must be very beneficial to many patients, especially young women who are broken down from overwork, and are inclined to be depressed.

The hospital still finds it difficult to keep a full supply of capable attendants, and during much of the year has been obliged to get on with a large number of vacancies. This results in overworking the attendants on duty, who are not always able to give the patients all the attention that they require. There have been more vacancies on the men's side than on the women's, and it is felt that the larger use of women on men's wards might help to meet the difficulty. It is generally found that men patients like to be cared for by women nurses, who give a more homelike touch to ward life, and have a refining influence on the men. There seems no reason why women should not take almost as large a share in the nursing of men patients in State Hospitals as they do in general hospitals where they are able to do all the work that is required, with the assistance of orderlies for such work as needs greater physical strength.

FLORENCE M. RHETT

LOUISA PIERPONT SATTERLEE

MARY VIDA CLARK

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CENTRAL ISLIP STATE HOSPITAL

Buildings.—The following buildings are in process of construction:

A building for mortuary and pathological laboratory; the portion used for mortuary is to have a refrigerator for the preservation of bodies.

Extension to the serving rooms of kitchens 2 and 3, south colony, for the purpose of giving more room for the proper distribution of food to the two large dining-rooms attached.

An extension to the stable for the accommodation of six extra horses, which have been kept for the last two years in stalls placed in sheds outside the stable.

The extension to the piazzas throughout the south colony, from eight to fourteen feet in width, are near completion. This gives ample room for the patients in the different wards to sit upon these piazzas. An appropriation is to be called for in the coming year to enclose these piazzas in glass, so that they can be used during the winter months and in inclement weather.

The extension to the staff-house is near completion. This will allow more room for the medical staff at the north colony.

Bids for construction, etc., of the new tuberculosis pavilions, for which an appropriation of twenty-five thousand dollars is allowed, will soon be made. These pavilions are to be placed in the pine woods west of the south colony.

Outside lighting system.—This system, which was installed last year, and mentioned in my report, has given very satisfactory service during the past year.

New water supply system for North Colony.—This was completed and spoken of in my last report and has given most excellent service.

Convalescent Ward.—This ward, which was spoken of in my last report is still in operation, with success. The patients virtually take care of themselves and the ward. They have a reception room, with card tables, cozy corner, etc. No doors are locked, and the patients go to and from their meals and different occupations without attendance.

Appropriations.—Appropriations have been allowed for the following: Alternating electric current generator at south colony;

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addition to flour storage room of bakery, 24 by 57 feet; storage and feed barn, with root cellar; railroad locomotive; cement or tile floor in corridor connecting wards two and three, Group One.

Acreage.—The hospital property consists of 1,000 acres, 310 of which are under cultivation.

Last year an appropriation of \$25,000 was asked for purchase of land at the north and west of the hospital property for the purpose of squaring out the property, to prevent outsiders from building too close to the pavilions that are occupied by patients. It is very important that the hospital should have this property squared out, as the line of the fences comes within a few yards of the different buildings of the hospital, and it would be very objectionable to have undesirable tenants in so close proximity to the hospital buildings.

Crops.—Crops were raised during the year to the value of \$16,496. This includes all farm products, meats, dairy products, etc.

Religious Worship.—Religious services, Protestant and Catholic, are held every Sunday—the former in the afternoon, the latter in the morning. Hebrew services are held every Saturday.

Patients whose relatives and friends can afford it, are removed after death to various cemeteries outside the institution. When the friends cannot afford to remove the remains they are buried in separate graves in the hospital cemetery.

Census.—The census of the hospital on October 1, 1907, was as follows: men, 2,288; women, 1,624; total, 3,912.

Occupation of Patients.—Patients are employed on the farm, and garden, and in the shoe, tin, mat, carpenter, tailor, blacksmith and paint shops, bakery, kitchens, dining-rooms and power houses. About 69 per cent. are employed. The industry of cement block manufacturing has been started during the past year with only one paid man with patients. A sufficient number of blocks have been manufactured to build a carpenter shop, machine shop and storage of flour.

Deaths.—During the year ending September 30, 1907: men, 198; women, 99; total, 297.

Pulmonary Tuberculosis.—There are 105 active cases in the hospital; 52 men and 53 women. These cases are quarantined in

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separate buildings. They will be placed in the new pavilions when completed.

Management.— Besides the superintendent there are 17 physicians: 15 men and 2 women; 17 supervisors: 10 men and 7 women; and 552 employes: 359 men and 193 women.

Privileges.— As in former years, between three and four hundred patients enjoy the freedom of the entire premises, going about the grounds at will and to their different occupations unattended, many acting as drivers, messengers, etc.

The regular visiting days of the hospital are Tuesdays, Thursdays, Sundays and holidays, and the patients are permitted to be visited once in two weeks, or oftener if necessary. Those sick in bed may be visited as often as their friends choose to call.

Each patient is supplied with the necessary writing materials to write to friends once in two weeks, and oftener if necessary.

Food and Clothing.— Patients are well supplied with food and clothing.

General Remarks.— I repeat the statement of last year, that there has been great difficulty in getting sufficient help in the hospital to care for the patients, due to the fact that desirable attendants, both men and women, get higher wages in other occupations. The question of wages, especially for those on ward service who are in contact with patients, should be brought up before the coming Legislature and an advance requested for all those in this line of duty. The Superintendent states that during the last year he has had on an average of thirty to forty vacancies for the entire year, and that fifty per cent of those that were hired were either transient or undesirable; and since under the new law, as prescribed in the Public Utility Bill governing railroads, the reduced rate of fare (\$1.20 round trip, Central Islip and Long Island City) for those employed in or visiting the hospital has been discontinued and the regular rate of \$2.16 round trip inaugurated, a large number of employes have resigned and the difficulty of getting new nurses has increased. This can be easily understood as the majority of the employes have their homes in New York City and wish to spend their pass days at home, and they can ill afford to expend \$2.16 for that purpose out of their small wages. This matter of desirable and sufficient number of employes at this hospital is causing great anxiety to the management.

The overcrowding of this hospital is distressing, and new buildings should be erected at once; especially, as mentioned last year, a modern building should be erected for the special treatment of the acute and curable cases with a capacity of 200, as there are admitted to this hospital between nine and ten hundred patients yearly.

Furthermore, there should be erected a large attendants' home, with a capacity for 200 attendants, at the south colony. At the present time in this hospital there is one attendants' home at the north colony with a capacity of 100; at the south colony two floors over the new dining-room, with a capacity of eighty, are used for attendants' rooms. The remaining employes have to live in rooms off the patients' wards. The necessity for such a building is apparent and the central portion of this building should be arranged for the purpose of recreation rooms for the employes, where they can meet after hours; as there is no place where the nurses, attendants and employes can go for social enjoyment. This would raise the standard of the employes as well as divert their attention from the temptations of the village saloons.

JOHN H. VAIL.

GOWANDA STATE HOSPITAL

Our visitors to this institution have made no regular report this year, but one of them has visited the hospital, and the following quotation is made from a recent letter: "The general management, so far as cleanliness and provision for the needs of the inmates are concerned, seemed to be satisfactory, as it has been in the past. There have been some improvements made since last visiting the institution, one of which is the provision of a light and airy dining-room for the use of the help employed in and around the hospital. This is a decided improvement over old conditions.

"I noticed that they were caring for some tuberculosis patients in outdoor balconies where they were kept during the day, and also where they slept at night. The provisions for this class of patients are inadequate, and probably the climate and location is not especially adapted to the treatment of patients afflicted in this way, so that it is not good policy to provide a special ward in the hospital for that class of patients.

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“There is nothing that I wish to suggest or to criticise in the management. The grounds around the buildings are being gradually improved so that they in time will become quite attractive.”

The hospital was visited by the assistant secretary, September 9, 1907. The hospital seems to be in excellent condition and has been much improved by the changes in the dining-rooms and the provision of pleasant wards for patients in space vacated by the Superintendent and staff, for whom houses have been provided. These changes should increase the capacity of the hospital about 100 beds. The only additional accommodations that seem to be required are a reception building for recent and acute cases and an industrial building. Special provision for cases of tuberculosis should be made, if such cases are to be kept here. While the use of the piazzas for these patients is commendable, this deprives the hospital and infirmary patients of the enjoyment of the piazzas intended for them. The most urgent need at present is better cold storage facilities. The present facilities are those provided when the hospital had only one-third the present number of patients. There is no adequate place for storing meat and the meat killed on the place has to be eaten too soon. It is impossible to store eggs, and eggs are bought with the agreement that they be kept in storage until needed, and an extra charge is made by the firm selling them.

Although this hospital has a good sized farm, more land is needed for buildings and recreation grounds. The buildings are located on the extreme end of the property, and the land immediately to the rear should be secured, for it is very undesirable to have land so immediately adjacent to buildings for patients, controlled by private parties.

The extensive use of parole at this hospital is very commendable. More than one-third of the entire number of patients are said to be on parole, and all but the end wards on the first floor are operated as open door wards, the end wards being used as reception and hospital wards. The farm cottage for forty men is also on the open-door plan. The effect on the patients of giving them to so large an extent, the privileges of the grounds, is to make them contented and well behaved.

The hospital endeavors to keep in touch with physicians in this district, and has had meetings at the hospital of medical societies in that part of the State. When a physician telephones the hos-

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pital about a patient that he contemplates sending, it is frequently the custom to invite him to bring the patient himself. When a physician consents to do this, the hospital is not obliged to send an attendant for the patient, and is given an opportunity to talk with the physician about his patient, and to interest him and inform him regarding the work of the institution. This plan seems to be an excellent one, as is any plan which serves to interest the general practitioners in the work of the State Hospitals, and secure their co-operation.

SUGGESTIONS FOR VISITORS TO STATE HOSPITALS
FOR THE INSANE

Reports of visitors of the Association to State Hospitals should deal with some or all of the topics here outlined, and with such other matters as may come to the attention of visitors. This paper should not be submitted to officers of the hospital, but should be used merely as a guide to the observations of visitors.

1. *Buildings*.—Observe the general plan of the hospital, noting the location, plan of construction, and arrangement of the different buildings with reference to the purposes for which they are used. Give the number and kinds of buildings erected or completed during the year, or in course of construction, the extraordinary repairs to buildings, and other important improvements begun or completed during the year.

2. *Colonies*.—If there are agricultural or other colonies connected with the hospital, study the operations of such colonies.

3. *Farm and Garden*.—State size and character of farm and garden; amount and variety of farm and garden products; ratio of farm and garden products to total consumed by hospital. State size of herd and amount of milk raised; size of hennery and number of eggs and fowls raised. State quantity of fruit and vegetables used for canning.

4. *Capacity and Census*.—Ascertain the certified capacity of the institution and compare this with the actual census. Observe whether there is overcrowding, and, if so, among what classes of patients it is most noticeable.

5. *Medical Service and Treatment*.—Observe the number and character of the physicians, the ratio of physicians to patients, the

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nature of the medical work, the methods of examining and recording cases, the frequency of staff meetings, the methods followed in assigning the medical work to the physicians, the non-medical work required of physicians. Inquire into the facilities and equipment for medical work, including surgery, electrotherapy, hydrotherapy, etc., and the extent to which the patients receive treatment in these departments. Study the methods of prescribing, dispensing and administering medicine, of artificial feeding or forced alimentation, of providing extra or special diet for the sick, and the methods of insuring its reaching those for whom it is ordered.

6. *Nurses and Attendants.*— Observe the nurses and attendants, the amount and character of their work, the ratio of these employes to patients, their compensation, their privileges, the extent to which they are provided with lodgings apart from the wards. Study the operations of the training school, including the number of pupils in the school, the number of graduates of the school in the employ of the hospital, and the methods of instruction.

7. *Instruction and Entertainment.*— Observe the facilities provided and the methods employed for the instruction and entertainment of the patients, including school instruction, formal entertainments, dances, bands of music, games, books and papers, drives, walks and boat rides, gymnastics, the cultivation and enjoyment of flowers, the celebration of holidays, etc.

8. *Religious Worship, etc.*— Inquire into the opportunities for religious worship, the provision made for the spiritual needs of the seriously sick and dying, the arrangements for burial, etc.

9. *Occupations.*— Note the method of employing patients, the number and kinds of industrial occupations, the number of patients regularly employed in each, the number of working hours per day, the provision made for medical supervision of the patients employed, of the selection of occupations for individual patients, and of the number of hours each should be employed.

10. *Restraint.*— Observe the methods of restraining or secluding excited patients and the number on the date of visitation under restraint of any kind. Examine the record of restraint.

11. *Privileges.*— Inquire into the extent of freedom allowed patients, and the number and classes of patients who enjoy "open door," "parole," or other privileges. Ascertain the rules regarding visits from friends and letter writing.

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12. *Outings for Patients.*—Describe fully any facilities that the hospital may have for giving patients a change of air and scene. Has the hospital a cottage at a distance from the main buildings where patients can be sent, or camping out parties organized, or other arrangements made for vacations for patients.

13. *Treatment of Pulmonary Tuberculosis.*—How many cases of pulmonary tuberculosis in the institution. Are patients of this class kept apart from others. Are they accommodated in tents, or specially constructed pavilions. If tents are used, state for how many months in the year, style of tent used, method of heating and ventilation, toilet facilities, etc. If pavilions are used, describe construction and arrangement. What diet is prescribed for such patients. Are printed rules and regulations regarding care of such patients issued to nurses or posted in the wards. Results of treatment,—what proportion of patients treated recover, or show marked improvement; what proportion die.

14. *Bathing and Toilet Facilities.*—Note the arrangements for bathing patients, the kinds of baths given, the frequency with which the patients are regularly bathed, the extent to which the bathing is supervised by physicians and nurses. Examine the plumbing as to both quality and extent, noting the number of fixtures in the toilet rooms, and the ratio of fixtures to patients using these rooms.

15. *Clothing.*—Observe the general character and the amount of the clothing furnished patients and the extent to which their clothing varies with the season. Note the number of under and outer garments provided for each patient, the extent to which there is individual ownership and use of clothing, the character of the clothing worn at night, the frequency with which underclothing is changed. Examine individual patients to ascertain how they are clothed.

16. *Beds and Dormitories.*—Observe the general character of the beds and bedding, the method of airing the beds and dormitories, the size and arrangement of dormitories, the extent to which the wards are under the supervision of physicians and nurses at night, the extent to which and the classes of patients for which separate bedrooms or congregate dormitories are used.

17. *Food and Dining-room Service.*—Study the food and the dining-room service. Note the quantity, the quality and the

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variety of the food, the extent to which differences are made for different classes of patients, the character of the special diet, and the arrangements for serving the food hot. Observe the table service, the size and shape of the tables, the character of the tableware, and the method of serving the patients. Is a dietitian employed, and what is the character of the work done in this department.

18. *Supplies*.— Visit the storehouse and study the methods of receiving, caring for, and distributing all supplies, observing the quality and quantity of supplies of all sorts furnished, and their adaptability to the needs of the patients.

19. *Fire Protection*.— Observe the various methods of protecting the patients and the buildings against danger from fire, noting features of construction designed to prevent the spread of fire, the extent, character and condition of the fire-alarm system and of fire fighting apparatus; the extent to which fire drills are carried on among patients and employes, and the character and frequency of such drills.

20. *Admission and Care of Recent Cases*.— Inquire into the usual routine pursued on the admission of patients and study the methods of housing, feeding, clothing, employing, amusing and otherwise caring for supposedly recoverable cases.

21. *Needed Improvements*.— Make a list of the most urgent needs of the hospital, and mention any improvements that seem desirable either in the accommodation or care of the patients.

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